

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050 EXPIRES 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0052	Period: From 10/01/2019 To 09/30/2020	Worksheet S Parts I-III Date/Time Prepared: 4/29/2021 12:47 pm
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PART I - COST REPORT STATUS			
Provider use only	1. ☒ Electronically prepared cost report 2. ☐ Manually prepared cost report 3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report 4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		Date: 4/29/2021 Time: 12:47 pm
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION
 MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by OSF SAINT ANTHONY'S HEALTH CENTER (14-0052) for the cost reporting period beginning 10/01/2019 and ending 09/30/2020 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

☐ I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature.

(Signed) _____
 Officer or Administrator of Provider(s)

 Title

 Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	141,988	-49,668	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
10.00	RURAL HEALTH CLINIC (RHC) I	0		32,008		0	10.00
200.00	Total	0	141,988	-17,660	0	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.
 According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA					Provider CCN: 14-0052		Period: From 10/01/2019 To 09/30/2020		Worksheet S-2 Part I Date/Time Prepared: 4/29/2021 12:47 pm		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: SAINT ANTHONY'S WAY			PO Box: 340				1.00			
2.00	City: ALTON			State: IL		Zip Code: 62002-0340		County: MADISON			
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
								V	XVIII	XIX	
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		OSF SAINT ANTHONY'S HEALTH CENTER		140052	41180	1	07/01/1966	N	P	O
4.00	Subprovider - IPF										
5.00	Subprovider - IRF										
6.00	Subprovider - (Other)										
7.00	Swing Beds - SNF										
8.00	Swing Beds - NF										
9.00	Hospital-Based SNF										
10.00	Hospital-Based NF										
11.00	Hospital-Based OLTC										
12.00	Hospital-Based HHA										
13.00	Separately Certified ASC										
14.00	Hospital-Based Hospice										
15.00	Hospital-Based Health Clinic - RHC		GODFREY CLINIC		148612	41180		07/17/2020	N	O	N
16.00	Hospital-Based Health Clinic - FQHC										
17.00	Hospital-Based (CMHC) I										
18.00	Renal Dialysis										
19.00	Other										
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						10/01/2019	09/30/2020		20.00	
21.00	Type of Control (see instructions)						1			21.00	
							1.00	2.00	3.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01		
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		N	22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N		23.00		
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			261	271	0	0	1,012	0	24.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0052

Period:
From 10/01/2019
To 09/30/2020Worksheet S-2
Part I
Date/Time Prepared:
4/29/2021 12:47 pm

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00
						Urban/Rural S	Date of Geogr	
						1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
						Beginning:	Ending:	
						1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
						Y/N	Y/N	
						1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00
						V	XVIII	XIX
						1.00	2.00	3.00
Prospective Payment System (PPS)-Capital								
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	N	N
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
Teaching Hospitals								
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.					N		
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.							
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.							
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		
					NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
					1.00	2.00	3.00	
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.					N		60.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

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Period:
From 10/01/2019
To 09/30/2020Worksheet S-2
Part I
Date/Time Prepared:
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	Y/N	IME	Direct GME	IME	Direct GME	
	1.00	2.00	3.00	4.00	5.00	
61.00 Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01 Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02 Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03 Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04 Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05 Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06 Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
	Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
	1.00		2.00	3.00	4.00	
61.10 Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20 Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
					1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00 Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01 Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings						
63.00 Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
64.00 Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		64.00

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To 09/30/2020Worksheet S-2
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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
	1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010					
	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
	1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	67.00
			1.00	2.00	3.00	
70.00	Inpatient Psychiatric Facility PPS					
	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N				70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0		71.00
	Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N				75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0		76.00

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			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N		81.00	
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N		87.00	
		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.06	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.				
				1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N	110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0052	Period: From 10/01/2019 To 09/30/2020	Worksheet S-2 Part I Date/Time Prepared: 4/29/2021 12:47 pm
		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00
117.00	Is this facility legally required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	54,964	60,000	54,964118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	HB1728	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0052		Period: From 10/01/2019 To 09/30/2020		Worksheet S-2 Part I Date/Time Prepared: 4/29/2021 12:47 pm	
1.00		2.00		3.00					
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.									
141.00	Name: OSF HEALTHCARE SYSTEM		Contractor's Name: NGS		Contractor's Number: 06101		141.00		
142.00	Street: 800 NE GLEN OAK AVENUE		PO Box:				142.00		
143.00	City: PEORIA		State: IL		Zip Code: 61603		143.00		
								1.00	
144.00	Are provider based physicians' costs included in Worksheet A?							Y	144.00
								1.00	2.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.							N	145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.								146.00
								1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							N	149.00
				Part A	Part B	Title V	Title XIX		
				1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital			N	N	N	N		
156.00	Subprovider - IPF			N	N	N	N		
157.00	Subprovider - IRF			N	N	N	N		
158.00	SUBPROVIDER								
159.00	SNF			N	N	N	N		
160.00	HOME HEALTH AGENCY			N	N	N	N		
161.00	CMHC				N	N	N		
								1.00	
Multicampus									
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00		
								1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.							Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							9.99	169.00
							Beginning	Ending	
							1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)								170.00
							1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)							N	0

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0052	Period: From 10/01/2019 To 09/30/2020	Worksheet S-2 Part II Date/Time Prepared: 4/29/2021 12:47 pm
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	01/29/2021
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00
				Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	12/14/2020	Y
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0052	Period: From 10/01/2019 To 09/30/2020	Worksheet S-2 Part II Date/Time Prepared: 4/29/2021 12:47 pm
		Description	Y/N	Y/N
		0	1.00	3.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N
		Y/N	Date	Y/N
		1.00	2.00	3.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N	
				1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)				
Capital Related Cost				
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions			22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			27.00
Interest Expense				
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			31.00
Purchased Services				
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			33.00
Provider-Based Physicians				
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			35.00
		Y/N	Date	
		1.00	2.00	
Home Office Costs				
36.00	Were home office costs claimed on the cost report?			36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			40.00
		1.00	2.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MARLIN	SILVER	41.00
42.00	Enter the employer/company name of the cost report preparer.	OSF HEALTHCARE SYSTEM		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	X	MARLIN.L.SILVER@OSFHEALTHCAR E.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0052

Period:
From 10/01/2019
To 09/30/2020Worksheet S-2
Part II
Date/Time Prepared:
4/29/2021 12:47 pm

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	GOVT REPORTING SR ANALYST	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0052

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part I
Date/Time Prepared:
4/29/2021 12:47 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	38	13,908	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		38	13,908	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	11	4,026	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		49	17,934	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC (RHC)	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		49				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0052

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part I
Date/Time Prepared:
4/29/2021 12:47 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	3,331	185	7,158			1.00
2.00	HMO and other (see instructions)	2,112	1,283				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	3,331	185	7,158			7.00
8.00	INTENSIVE CARE UNIT	671	76	1,458			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		0	0			13.00
14.00	Total (see instructions)	4,002	261	8,616	0.00	390.25	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC (RHC)	639	552	4,165	0.00	3.62	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	393.87	27.00
28.00	Observation Bed Days		314	1,167			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00
33.01	LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0052

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part I
Date/Time Prepared:
4/29/2021 12:47 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	987	55	2,171	1.00
2.00 HMO and other (see instructions)			468	277		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	987	55	2,171	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC (RHC)	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0052

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part II
Date/Time Prepared:
4/29/2021 12:47 pm

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	24,242,294	-63,599	24,178,695	819,220.00	29.51
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		0	20,388	20,388	688.31	29.62
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		55,849	132,986	188,835	6,334.00	29.81
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		1,051,663	0	1,051,663	13,639.00	77.11
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		77,179	0	77,179	1,028.00	75.08
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		9,221,100	0	9,221,100		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		72,152	0	72,152		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		55	0	55		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		2,327,846	0	2,327,846		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0052

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part II
Date/Time Prepared:
4/29/2021 12:47 pm

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	16,620	0	16,620	561.00	29.63	26.00
27.00	Administrative & General	5.00	2,258,092	-414	2,257,678	67,569.00	33.41	27.00
28.00	Administrative & General under contract (see inst.)		659,576	0	659,576	4,667.00	141.33	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,052,700	-10,207	1,042,493	42,917.00	24.29	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	838,088	-5,396	832,692	57,878.00	14.39	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	391,004	0	391,004	20,976.00	18.64	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	418,174	0	418,174	25,371.00	16.48	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,175,923	5,045	1,180,968	29,329.00	40.27	38.00
39.00	Central Services and Supply	14.00	0	70,359	70,359	1,537.00	45.78	39.00
40.00	Pharmacy	15.00	0	0	0	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	16.00	271,299	0	271,299	12,623.00	21.49	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0052

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part III
Date/Time Prepared:
4/29/2021 12:47 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	24,901,870	-83,987	24,817,883	823,198.69	30.15	1.00
2.00	Excluded area salaries (see instructions)	55,849	132,986	188,835	6,334.00	29.81	2.00
3.00	Subtotal salaries (line 1 minus line 2)	24,846,021	-216,973	24,629,048	816,864.69	30.15	3.00
4.00	Subtotal other wages & related costs (see inst.)	1,128,842	0	1,128,842	14,667.00	76.96	4.00
5.00	Subtotal wage-related costs (see inst.)	11,548,946	0	11,548,946	0.00	46.89	5.00
6.00	Total (sum of lines 3 thru 5)	37,523,809	-216,973	37,306,836	831,531.69	44.87	6.00
7.00	Total overhead cost (see instructions)	7,081,476	59,387	7,140,863	263,428.00	27.11	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0052

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part IV
Date/Time Prepared:
4/29/2021 12:47 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	986,715	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	650,435	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	5,650,665	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	64,746	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	150,866	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	1,698,040	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	91,840	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	9,293,307	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0052

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part V
Date/Time Prepared:
4/29/2021 12:47 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	1,051,663	9,293,307	1.00
2.00	Hospital	1,051,663	9,293,307	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA				Provider CCN: 14-0052 Component CCN: 14-8612		Period: From 10/01/2019 To 09/30/2020		Worksheet S-8 Date/Time Prepared: 4/29/2021 12:47 pm	
				RHC I		Cost			
				1.00					
Clinic Address and Identification									
1.00	Street			6702 GODFREY RD			1.00		
				City		State		ZIP Code	
				1.00		2.00		3.00	
2.00	City, State, ZIP Code, County			GODFREY IL 62035			2.00		
						1.00			
3.00	HOSPITAL-BASED FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban					0		3.00	
				Grant Award		Date			
				1.00		2.00			
Source of Federal Funds									
4.00	Community Health Center (Section 330(d), PHS Act)						4.00		
5.00	Migrant Health Center (Section 329(d), PHS Act)						5.00		
6.00	Health Services for the Homeless (Section 340(d), PHS Act)						6.00		
7.00	Appalachian Regional Commission						7.00		
8.00	Look-Alikes						8.00		
9.00	OTHER (SPECIFY)						9.00		
				1.00		2.00			
10.00	Does this facility operate as other than a hospital-based RHC or FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2.(Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)			N		0		10.00	
				Sunday		Monday		Tuesday	
				from to		from to		from	
				1.00 2.00		3.00 4.00		5.00	
Facility hours of operations (1)									
11.00	CLINIC			08:00 18:00		08:00 19:00		08:00	
				1.00		2.00			
12.00	Have you received an approval for an exception to the productivity standard?			N				12.00	
13.00	Is this a consolidated cost report as defined in CMS Pub. 100-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.			N		0		13.00	
				Provider name		CCN number			
				1.00		2.00			
14.00	RHC/FQHC name, CCN number							14.00	
				Y/N		V		Total Visits	
				1.00		2.00		3.00 4.00 5.00	
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)							15.00	
				County					
				4.00					
2.00	City, State, ZIP Code, County			MADISON				2.00	
				Tuesday		Wednesday		Thursday	
				to		from to		from to	
				6.00 7.00		8.00 9.00		10.00	
Facility hours of operations (1)									
11.00	CLINIC			19:00 08:00		19:00 08:00		19:00	

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA

Provider CCN: 14-0052

Period:

Worksheet S-8

Component CCN: 14-8612

From 10/01/2019
To 09/30/2020Date/Time Prepared:
4/29/2021 12:47 pm

RHC I

Cost

		Friday		Saturday			
		from	to	from	to		
		11.00	12.00	13.00	14.00		
11.00	Facility hours of operations (1) CLINIC	08:00	19:00	08:00	19:00		11.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0052	Period: From 10/01/2019 To 09/30/2020	Worksheet S-10 Date/Time Prepared: 4/29/2021 12:47 pm
				1.00
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.206846 1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid	6,936,138		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y		3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?	Y		4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid	0		5.00
6.00	Medicaid charges	70,938,722		6.00
7.00	Medicaid cost (line 1 times line 6)	14,673,391		7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)	7,737,253		8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP	0		9.00
10.00	Stand-alone CHIP charges	0		10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)	0		11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)	0		12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0		16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care	0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0		18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	7,737,253		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	6,573,546	888,687	7,462,233 20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,359,712	888,687	2,248,399 21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0 22.00
23.00	Cost of charity care (line 21 minus line 22)	1,359,712	888,687	2,248,399 23.00
				1.00
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N		24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit	0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	5,808,072		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	439,599		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	676,306		27.01
28.00	Non-Medicare bad debt expense (see instructions)	5,131,766		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	1,298,192		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	3,546,591		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	11,283,844		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0052

Period:
From 10/01/2019
To 09/30/2020

Worksheet A

Date/Time Prepared:
4/29/2021 12:47 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		1,348,830	1,348,830	234,987	1,583,817	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2,212,893	2,212,893	107,050	2,319,943	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	16,620	1,287,390	1,304,010	5,712,011	7,016,021	4.00
5.01	00540	NONPATIENT TELEPHONES	503,007	147,904	650,911	-103,872	547,039	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	355,730	168,765	524,495	-94,523	429,972	5.02
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	655	655	0	655	5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	1,399,355	25,623,896	27,023,251	-2,419,280	24,603,971	5.05
7.00	00700	OPERATION OF PLANT	1,052,700	3,550,996	4,603,696	-978,192	3,625,504	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	223,491	223,491	0	223,491	8.00
9.00	00900	HOUSEKEEPING	838,088	496,538	1,334,626	-218,248	1,116,378	9.00
10.00	01000	DIETARY	391,004	148,378	539,382	-44,586	494,796	10.00
11.00	01100	CAFETERIA	418,174	567,505	985,679	-99,571	886,108	11.00
13.00	01300	NURSING ADMINISTRATION	1,175,923	390,791	1,566,714	-191,233	1,375,481	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	9	9	350,374	350,383	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	271,299	127,696	398,995	-62,443	336,552	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	740,236	740,236	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,886,427	2,628,690	5,515,117	-618,086	4,897,031	30.00
31.00	03100	INTENSIVE CARE UNIT	1,386,508	1,264,824	2,651,332	-305,484	2,345,848	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,626,972	3,552,870	6,179,842	-3,480,193	2,699,649	50.00
51.00	05100	RECOVERY ROOM	296,170	88,763	384,933	-47,133	337,800	51.00
53.00	05300	ANESTHESIOLOGY	0	933,907	933,907	0	933,907	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,765,751	918,604	2,684,355	303,296	2,987,651	54.00
57.00	05700	CT SCAN	199,729	283,032	482,761	-51,509	431,252	57.00
58.00	05800	MRI	102,050	43,797	145,847	-7,720	138,127	58.00
59.00	05900	CARDIAC CATHETERIZATION	373,538	764,670	1,138,208	-620,008	518,200	59.00
60.00	06000	LABORATORY	1,555,600	2,379,082	3,934,682	-260,385	3,674,297	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	188,444	188,444	0	188,444	62.00
64.00	06400	INTRAVENOUS THERAPY	481,053	228,560	709,613	-59,145	650,468	64.00
65.00	06500	RESPIRATORY THERAPY	627,808	295,295	923,103	-94,805	828,298	65.00
66.00	06600	PHYSICAL THERAPY	802,312	216,765	1,019,077	-157,893	861,184	66.00
67.00	06700	OCCUPATIONAL THERAPY	300,439	68,670	369,109	-29,222	339,887	67.00
68.00	06800	SPEECH PATHOLOGY	168,535	44,196	212,731	720	213,451	68.00
69.00	06900	ELECTROCARDIOLOGY	301,329	115,000	416,329	-109,445	306,884	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	83,644	261,790	345,434	-8,151	337,283	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	-99,536	-99,536	1,856,898	1,757,362	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,485,263	1,485,263	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	766,869	9,577,537	10,344,406	-17,560	10,326,846	73.00
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0	0	0	76.00
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	448,908	114,671	563,579	-96,714	466,865	76.03
76.04	03952	PAIN CLINIC	65,140	41,975	107,115	5,333	112,448	76.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC (RHC)	555,057	456,423	1,011,480	-347,518	663,962	88.00
91.00	09100	EMERGENCY	1,970,706	1,186,289	3,156,995	-286,018	2,870,977	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	24,186,445	61,850,055	86,036,500	-12,769	86,023,731	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	54,775	54,775	-4,714	50,061	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	221,598	221,598	34,498	256,096	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	EMS	55,849	25,891	81,740	-17,015	64,725	193.01
193.02	19302	FUND DEVELOPMENT	0	155,670	155,670	0	155,670	193.02
194.00	07950	UNUSED SPACE	0	0	0	0	0	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	24,242,294	62,307,989	86,550,283	0	86,550,283	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0052

Period:
From 10/01/2019
To 09/30/2020

Worksheet A

Date/Time Prepared:
4/29/2021 12:47 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	478,899	2,062,716	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	507,953	2,827,896	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	709,170	7,725,191	4.00
5.01	00540	NONPATIENT TELEPHONES	0	547,039	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	0	429,972	5.02
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	-315	340	5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	-5,998,377	18,605,594	5.05
7.00	00700	OPERATION OF PLANT	-4,372	3,621,132	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	223,491	8.00
9.00	00900	HOUSEKEEPING	0	1,116,378	9.00
10.00	01000	DIETARY	-5,565	489,231	10.00
11.00	01100	CAFETERIA	-329,548	556,560	11.00
13.00	01300	NURSING ADMINISTRATION	494,155	1,869,636	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	350,383	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-399	336,153	16.00
17.00	01700	SOCIAL SERVICE	-2,771	737,465	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,094,418	3,802,613	30.00
31.00	03100	INTENSIVE CARE UNIT	-243,840	2,102,008	31.00
43.00	04300	NURSERY	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	2,699,649	50.00
51.00	05100	RECOVERY ROOM	0	337,800	51.00
53.00	05300	ANESTHESIOLOGY	-871,000	62,907	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-9,545	2,978,106	54.00
57.00	05700	CT SCAN	0	431,252	57.00
58.00	05800	MRI	0	138,127	58.00
59.00	05900	CARDIAC CATHETERIZATION	-91,803	426,397	59.00
60.00	06000	LABORATORY	-41,988	3,632,309	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	188,444	62.00
64.00	06400	INTRAVENOUS THERAPY	-410	650,058	64.00
65.00	06500	RESPIRATORY THERAPY	0	828,298	65.00
66.00	06600	PHYSICAL THERAPY	-360	860,824	66.00
67.00	06700	OCCUPATIONAL THERAPY	-1,900	337,987	67.00
68.00	06800	SPEECH PATHOLOGY	0	213,451	68.00
69.00	06900	ELECTROCARDIOLOGY	-91,306	215,578	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-18,140	319,143	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,757,362	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,485,263	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-87,634	10,239,212	73.00
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	76.00
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	-20,206	446,659	76.03
76.04	03952	PAIN CLINIC	0	112,448	76.04
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC (RHC)	-2,400	661,562	88.00
91.00	09100	EMERGENCY	-259,122	2,611,855	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-6,985,242	79,038,489	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	50,061	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	256,096	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
193.01	19301	EMS	0	64,725	193.01
193.02	19302	FUND DEVELOPMENT	0	155,670	193.02
194.00	07950	UNUSED SPACE	0	0	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-6,985,242	79,565,041	200.00

RECLASSIFICATIONS

Provider CCN: 14-0052

Period:
From 10/01/2019
To 09/30/2020

Worksheet A-6

Date/Time Prepared:
4/29/2021 12:47 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - SHORT TERM DISABILITY					
1.00	NONPATIENT TELEPHONES	5.01	0	414		1.00
2.00	OPERATION OF PLANT	7.00	0	10,207		2.00
3.00	HOUSEKEEPING	9.00	0	5,396		3.00
4.00	NURSING ADMINISTRATION	13.00	0	866		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	16,927		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	430		6.00
7.00	OPERATING ROOM	50.00	0	9,880		7.00
8.00	RECOVERY ROOM	51.00	0	7,206		8.00
9.00	LABORATORY	60.00	0	252		9.00
10.00	INTRAVENOUS THERAPY	64.00	0	1,551		10.00
11.00	PHYSICAL THERAPY	66.00	0	6,971		11.00
12.00	ELECTROCARDIOLOGY	69.00	0	3,454		12.00
13.00	EMERGENCY	91.00	0	45		13.00
	TOTALS		0	63,599		
	B - PROPERTY INSURANCE					
1.00	OTHER CAP REL COSTS	3.00	0	352,612		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
	0		0	352,612		
	C - REHAB ADMINISTRATION					
1.00	OCCUPATIONAL THERAPY	67.00	12,524	4,024		1.00
2.00	SPEECH PATHOLOGY	68.00	24,331	7,817		2.00
	0		36,855	11,841		
	D - PRE OP AND PACU					
1.00		0.00	0	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	29,269	6,051		2.00
	TOTALS		29,269	6,051		
	E - MINISTRY COST ALLOCATION					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	555,980		1.00
2.00	OPERATION OF PLANT	7.00	0	195,235		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	265,845		3.00
4.00	SOCIAL SERVICE	17.00	0	740,236		4.00
5.00	DRUGS CHARGED TO PATIENTS	73.00	0	114,064		5.00
6.00	PHYSICAL THERAPY	66.00	0	55,044		6.00
7.00	OCCUPATIONAL THERAPY	67.00	0	19,937		7.00
8.00	SPEECH PATHOLOGY	68.00	0	11,490		8.00
	0		0	1,957,831		
	F - CANCER NAVIGATOR					
1.00	INTRAVENOUS THERAPY	64.00	47,595	10,409		1.00
	0		47,595	10,409		
	G - MEDICAL BILLABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,820,150		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	0		0	1,820,150		
	H - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	1,485,263		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
	0		0	1,485,263		
	I - EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	5,156,031		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00

RECLASSIFICATIONS

Provider CCN: 14-0052

Period:
From 10/01/2019
To 09/30/2020

Worksheet A-6

Date/Time Prepared:
4/29/2021 12:47 pm

Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
18.00	0.00	0	0		18.00
19.00	0.00	0	0		19.00
20.00	0.00	0	0		20.00
21.00	0.00	0	0		21.00
22.00	0.00	0	0		22.00
23.00	0.00	0	0		23.00
24.00	0.00	0	0		24.00
25.00	0.00	0	0		25.00
26.00	0.00	0	0		26.00
27.00	0.00	0	0		27.00
28.00	0.00	0	0		28.00
29.00	0.00	0	0		29.00
30.00	0.00	0	0		30.00
31.00	0.00	0	0		31.00
32.00	0.00	0	0		32.00
33.00	0.00	0	0		33.00
TOTALS					
					5,156,031
J - IMAGING MGR AND SPRVSR					
1.00	ELECTROENCEPHALOGRAPHY	70.00	5,416	0	1.00
2.00	PAIN CLINIC	76.04	10,832	0	2.00
3.00	CT SCAN	57.00	16,248	0	3.00
4.00	MRI	58.00	10,832	0	4.00
0					43,328
K - STERILE PROCESSING					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	4,840	4,449	1.00
2.00	CT SCAN	57.00	4,840	4,449	2.00
3.00	RESPIRATORY THERAPY	65.00	4,840	4,449	3.00
4.00	PAIN CLINIC	76.04	6,453	5,932	4.00
5.00	EMERGENCY	91.00	19,358	17,796	5.00
6.00	PHYSICIANS' PRIVATE OFFICES	192.00	16,132	14,830	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	36,748	7.00
0					56,463
0					88,653
M - CARDIOLOGY MGR					
1.00	CARDIAC CATHETERIZATION	59.00	62,867	0	1.00
0					62,867
N - ICU MGR					
1.00	RESPIRATORY THERAPY	65.00	14,720	13,195	1.00
2.00	ADULTS & PEDIATRICS	30.00	9,814	8,797	2.00
0					24,534
0					21,992
O - BIOMED EXPENSE					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	806,751	1.00
2.00	LABORATORY	60.00	0	94,339	2.00
3.00		0.00	0	0	3.00
0					901,090
P - DRUGS CHARGED TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	54,934	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
0					54,934
Q - PEROPERATIVE SALARIES					
1.00	NURSING ADMINISTRATION	13.00	5,911	1,034	1.00
2.00	RECOVERY ROOM	51.00	11,821	2,068	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	41,090	8,119	3.00
4.00	EMERGENCY	91.00	35,464	6,202	4.00
0					94,286
0					17,423
R - RADIOLOGY MANAGER SALARIE					
1.00	PAIN CLINIC	76.04	761	0	1.00
2.00	CT SCAN	57.00	1,522	0	2.00
3.00	MRI	58.00	1,522	0	3.00
4.00	ELECTROENCEPHALOGRAPHY	70.00	761	0	4.00
0					4,566
S - NON PROVIDER BASED RURAL HEALTH COST					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	116,854	54,838	1.00
2.00		0.00	0	0	2.00
TOTALS					116,854
TOTALS					54,838
500.00	Grand Total: Increases		516,617	12,002,717	500.00

RECLASSIFICATIONS

Provider CCN: 14-0052

Period:
From 10/01/2019
To 09/30/2020

Worksheet A-6

Date/Time Prepared:
4/29/2021 12:47 pm

	Decreases						4/29/2021 12:47 pm
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - SHORT TERM DISABILITY						
1.00	NONPATIENT TELEPHONES	5.01	414	0	0		1.00
2.00	OPERATION OF PLANT	7.00	10,207	0	0		2.00
3.00	HOUSEKEEPING	9.00	5,396	0	0		3.00
4.00	NURSING ADMINISTRATION	13.00	866	0	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	16,927	0	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	430	0	0		6.00
7.00	OPERATING ROOM	50.00	9,880	0	0		7.00
8.00	RECOVERY ROOM	51.00	7,206	0	0		8.00
9.00	LABORATORY	60.00	252	0	0		9.00
10.00	INTRAVENOUS THERAPY	64.00	1,551	0	0		10.00
11.00	PHYSICAL THERAPY	66.00	6,971	0	0		11.00
12.00	ELECTROCARDIOLOGY	69.00	3,454	0	0		12.00
13.00	EMERGENCY	91.00	45	0	0		13.00
	TOTALS		63,599	0			
	B - PROPERTY INSURANCE						
1.00		0.00	0	0	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	144,087	12		2.00
3.00	RURAL HEALTH CLINIC (RHC)	88.00	0	60,148	13		3.00
4.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	148,377	13		4.00
	0		0	352,612			
	C - REHAB ADMINISTRATION						
1.00	PHYSICAL THERAPY	66.00	36,855	11,841	0		1.00
2.00		0.00	0	0	0		2.00
	0		36,855	11,841			
	D - PRE OP AND PACU						
1.00	OPERATING ROOM	50.00	29,269	6,051	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		29,269	6,051			
	E - MINISTRY COST ALLOCATION						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	1,957,831	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
	0		0	1,957,831			
	F - CANCER NAVIGATOR						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	47,595	10,409	0		1.00
	0		47,595	10,409			
	G - MEDICAL BILLABLE SUPPLIES						
1.00	OPERATING ROOM	50.00	0	1,524,619	0		1.00
2.00	CT SCAN	57.00	0	725	0		2.00
3.00	CARDIAC CATHETERIZATION	59.00	0	294,806	0		3.00
	0		0	1,820,150			
	H - IMPLANTABLE DEVICES						
1.00	PURCHASING RECEIVING AND STORES	5.02	0	4,700	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	4,991	0		2.00
3.00	OPERATING ROOM	50.00	0	1,155,181	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	10,710	0		4.00
5.00	CARDIAC CATHETERIZATION	59.00	0	309,681	0		5.00
	0		0	1,485,263			
	I - EMPLOYEE BENEFITS						
1.00	NONPATIENT TELEPHONES	5.01	0	103,872	0		1.00
2.00	PURCHASING RECEIVING AND STORES	5.02	0	89,823	0		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	317,362	0		3.00
4.00	OPERATION OF PLANT	7.00	0	272,337	0		4.00
5.00	HOUSEKEEPING	9.00	0	218,248	0		5.00
6.00	DIETARY	10.00	0	44,586	0		6.00
7.00	CAFETERIA	11.00	0	99,571	0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	198,178	0		8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	62,443	0		9.00
10.00	ADULTS & PEDIATRICS	30.00	0	636,697	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	0	253,874	0		11.00
12.00	OPERATING ROOM	50.00	0	508,248	0		12.00
13.00	RECOVERY ROOM	51.00	0	61,022	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	395,902	0		14.00

RECLASSIFICATIONS

Provider CCN: 14-0052

Period:
From 10/01/2019
To 09/30/2020Worksheet A-6
Date/Time Prepared:
4/29/2021 12:47 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
15.00	CT SCAN	57.00	0	45,275	0		15.00
16.00	MRI	58.00	0	20,074	0		16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	78,151	0		17.00
18.00	LABORATORY	60.00	0	354,724	0		18.00
19.00	INTRAVENOUS THERAPY	64.00	0	103,884	0		19.00
20.00	RESPIRATORY THERAPY	65.00	0	132,009	0		20.00
21.00	PHYSICAL THERAPY	66.00	0	164,241	0		21.00
22.00	OCCUPATIONAL THERAPY	67.00	0	65,707	0		22.00
23.00	SPEECH PATHOLOGY	68.00	0	42,918	0		23.00
24.00	ELECTROCARDIOLOGY	69.00	0	46,578	0		24.00
25.00	ELECTROENCEPHALOGRAPHY	70.00	0	14,328	0		25.00
26.00	DRUGS CHARGED TO PATIENTS	73.00	0	186,558	0		26.00
27.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.03	0	96,714	0		27.00
28.00	PAIN CLINIC	76.04	0	18,645	0		28.00
29.00	RURAL HEALTH CLINIC (RHC)	88.00	0	126,253	0		29.00
30.00	EMERGENCY	91.00	0	356,301	0		30.00
31.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	4,714	0		31.00
32.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	19,779	0		32.00
33.00	EMS	193.01	0	17,015	0		33.00
	TOTALS		0	5,156,031			
J - IMAGING MGR AND SPRVSR							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	43,328	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
	0		43,328	0			
K - STERILE PROCESSING							
1.00	OPERATING ROOM	50.00	56,463	88,653	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
	0		56,463	88,653			
M - CARDIOLOGY MGR							
1.00	ELECTROCARDIOLOGY	69.00	62,867	0	0		1.00
	0		62,867	0			
N - ICU MGR							
1.00	INTENSIVE CARE UNIT	31.00	24,534	21,992	0		1.00
2.00		0.00	0	0	0		2.00
	0		24,534	21,992			
O - BIOMED EXPENSE							
1.00		0.00	0	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00	OPERATION OF PLANT	7.00	0	901,090	0		3.00
	0		0	901,090			
P - DRUGS CHARGED TO PATIENTS							
1.00	INTENSIVE CARE UNIT	31.00	0	93	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	234	0		2.00
3.00	CARDIAC CATHETERIZATION	59.00	0	237	0		3.00
4.00	EMERGENCY	91.00	0	8,537	0		4.00
5.00	INTRAVENOUS THERAPY	64.00	0	13,265	0		5.00
6.00	CT SCAN	57.00	0	32,568	0		6.00
	0		0	54,934			
Q - PEROPERATIVE SALARIES							
1.00	OPERATING ROOM	50.00	94,286	17,423	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
	0		94,286	17,423			
R - RADIOLOGY MANAGER SALARIE							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	4,566	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
	0		4,566	0			
S - NON PROVIDER BASED RURAL HEALTH COST							
1.00	RURAL HEALTH CLINIC (RHC)	88.00	116,854	44,263	0		1.00
2.00	OTHER CAP REL COSTS	3.00	0	10,575	13		2.00
	TOTALS		116,854	54,838			
500.00	Grand Total: Decreases		580,216	11,939,118			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0052

Period:
From 10/01/2019
To 09/30/2020Worksheet A-7
Part I
Date/Time Prepared:
4/29/2021 12:47 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,080,000	0	0	0	0	1.00
2.00	Land Improvements	6,842,124	173,804	0	173,804	0	2.00
3.00	Buildings and Fixtures	56,539,704	7,662,624	0	7,662,624	38,929	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	29,365,835	4,980,924	0	4,980,924	98,631	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	93,827,663	12,817,352	0	12,817,352	137,560	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	93,827,663	12,817,352	0	12,817,352	137,560	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,080,000	0				1.00
2.00	Land Improvements	7,015,928	0				2.00
3.00	Buildings and Fixtures	64,163,399	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	34,248,128	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	106,507,455	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	106,507,455	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0052

Period:
From 10/01/2019
To 09/30/2020Worksheet A-7
Part II
Date/Time Prepared:
4/29/2021 12:47 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	1,348,830	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2,212,893	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	3,561,723	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1) (sum				
		Capital-Relate	of cols. 9				
		d Costs (see	through 14)				
		instructions)					
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	1,348,830				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	2,212,893				2.00
3.00	Total (sum of lines 1-2)	0	3,561,723				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0052

Period:
From 10/01/2019
To 09/30/2020Worksheet A-7
Part III
Date/Time Prepared:
4/29/2021 12:47 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	64,461,827	0	64,461,827	0.687024	98,991	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	29,365,837	0	29,365,837	0.312976	45,096	2.00
3.00	Total (sum of lines 1-2)	93,827,664	0	93,827,664	1.000000	144,087	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	135,996	0	234,987	1,827,729	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	61,954	0	107,050	2,720,846	0	2.00
3.00	Total (sum of lines 1-2)	197,950	0	342,037	4,548,575	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	98,991	135,996	0	2,062,716	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	45,096	61,954	0	2,827,896	2.00
3.00	Total (sum of lines 1-2)	0	144,087	197,950	0	4,890,612	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0052

Period:
From 10/01/2019
To 09/30/2020

Worksheet A-8

Date/Time Prepared:
4/29/2021 12:47 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-2,829,472			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-524,611			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	A	-329,548	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-399	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	B	-56,044	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	A	248,594	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	440,982	CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	RENTAL INCOME	B	-1,587	EMERGENCY	91.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0052

Period:
From 10/01/2019
To 09/30/2020

Worksheet A-8

Date/Time Prepared:
4/29/2021 12:47 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
33.01	OTHER OPERATING REVENUES - ADMIN AND	B	-10,908	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	33.01
33.02	MANAGEMENT FEE - VILLA	B	-315	CASHIERING/ACCOUNTS RECEIVABLE	5.04	0	33.02
33.03	OTHER OPERATING REVENUES - DIETARY	B	-5,565	DIETARY	10.00	0	33.03
33.04	OTHER OPERATING REVENUES - RHC	B	-2,400	RURAL HEALTH CLINIC (RHC)	88.00	0	33.04
33.05	OTHER OPERATING REVENUES - MED PSYCH	B	-20,206	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.03	0	33.05
33.06	OTHER OPERATING REVENUES - PT	B	-360	PHYSICAL THERAPY	66.00	0	33.06
33.07	OTHER OPERATING REVENUES - OT	B	-1,900	OCCUPATIONAL THERAPY	67.00	0	33.07
33.08	OTHER OPERATING REVENUES - INFUSION	B	-410	INTRAVENOUS THERAPY	64.00	0	33.08
33.09	340B OFFSET	B	-87,634	DRUGS CHARGED TO PATIENTS	73.00	0	33.09
33.10	MEDICAID PROVIDER TAX	A	-4,453,458	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	33.10
33.11	ADVERTISING - CARDIOLOGY SVCS	A	-37,138	ELECTROCARDIOLOGY	69.00	0	33.11
33.12	ADVERTISING - ADMIN	A	-273	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	33.12
33.13	ADVERTISING - EMERGENCY SERVICES	A	-136	CARDIAC CATHETERIZATION	59.00	0	33.13
33.14	RECRUITING EXPENSE - ADULTS AND PEDS	A	-900	ADULTS & PEDIATRICS	30.00	0	33.14
33.15	PHYSICIAN EMPLOYEE PART B EB	A	-160	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.15
33.16	LOBBYING DUES	A	-20,724	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	33.16
33.17	PENSION COST	A	709,330	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.17
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-6,985,242				50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 14-0052	Period: From 10/01/2019 To 09/30/2020	Worksheet A-8-1 Date/Time Prepared: 4/29/2021 12:47 pm
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	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	MINISTRY - CAPITAL BLDG	230,305	0	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	MINISTRY - CAPITAL EQUIPMEN	891,435	824,464	2.00
3.00	5.05	OTHER ADMINISTRATIVE AND GEN	MINISTRY - POOLED EB	6,985,423	8,776,711	3.00
3.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	MINISTRY - POOLED A&G	555,980	555,980	3.01
3.02	7.00	OPERATION OF PLANT	MINISTRY - POOLED ENGINEERI	195,235	195,235	3.02
3.03	31.00	INTENSIVE CARE UNIT	MINISTRY - POOLED EICU	164,942	164,942	3.03
3.04	66.00	PHYSICAL THERAPY	MINISTRY - POOLED PT	55,044	55,044	3.04
3.05	67.00	OCCUPATIONAL THERAPY	MINISTRY - POOLED OT	19,937	19,937	3.05
3.06	68.00	SPEECH PATHOLOGY	MINISTRY - POOLED ST	11,490	11,490	3.06
3.07	73.00	DRUGS CHARGED TO PATIENTS	MINISTRY - POOLED PHARMACY	485,729	485,729	3.07
3.08	7.00	OPERATION OF PLANT	MINISTRY - POOLED BIOMED EN	233,145	233,145	3.08
3.09	54.00	RADIOLOGY-DIAGNOSTIC	MINISTRY - POOLED BIOMED IM	509,083	509,083	3.09
3.10	60.00	LABORATORY	MINISTRY - POOLED BIOMED LA	59,531	59,531	3.10
3.11	13.00	NURSING ADMINISTRATION	MINISTRY - FUNCTIONAL NURSI	631,355	0	3.11
4.00	5.05	OTHER ADMINISTRATIVE AND GEN	MINISTRY - FUNCTIONAL ADMIN	2,978,071	2,695,128	4.00
4.01	17.00	SOCIAL SERVICE	MINISTRY - FUNCTIONAL CARE	737,465	740,236	4.01
4.02	5.05	OTHER ADMINISTRATIVE AND GEN	MINISTRY - FUNCTIONAL CARE	72,614	0	4.02
4.03	7.00	OPERATION OF PLANT	BIOMED - EQUIPMENT ENGINEERI	8,033	6,902	4.03
4.04	54.00	RADIOLOGY-DIAGNOSTIC	BIOMED - EQUIPMENT IMAGING	17,541	15,070	4.04
4.05	60.00	LABORATORY	BIOMED - EQUIPMENT LAB	2,051	1,762	4.05
4.06	7.00	OPERATION OF PLANT	PCI / HTM - ENGINEERING	130,820	136,323	4.06
4.07	54.00	RADIOLOGY-DIAGNOSTIC	PCI / HTM - IMAGING	285,652	297,668	4.07
4.08	60.00	LABORATORY	PCI / HTM - LAB	33,403	34,808	4.08
4.09	60.00	LABORATORY	SYSTEMS LAB	737,731	737,731	4.09
4.10	5.05	OTHER ADMINISTRATIVE AND GEN	SFI / PCI CREDENTIALING	69,798	69,505	4.10
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			16,101,813	16,626,424	5.00

* The amounts on lines 1-4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate. Positive amounts increase cost and negative amounts decrease cost. For related organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	B	OSF HEALTHCARE	100.00	OSF HEALTHCARE	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

(1) Use the following symbols to indicate interrelationship to related organizations:

- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Provider CCN: 14-0052

Period:
From 10/01/2019
To 09/30/2020

Worksheet A-8-1

Date/Time Prepared:
4/29/2021 12:47 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	230,305	9		1.00
2.00	66,971	9		2.00
3.00	-1,791,288	0		3.00
3.01	0	0		3.01
3.02	0	0		3.02
3.03	0	0		3.03
3.04	0	0		3.04
3.05	0	11		3.05
3.06	0	0		3.06
3.07	0	0		3.07
3.08	0	0		3.08
3.09	0	0		3.09
3.10	0	11		3.10
3.11	631,355	0		3.11
4.00	282,943	0		4.00
4.01	-2,771	0		4.01
4.02	72,614	0		4.02
4.03	1,131	0		4.03
4.04	2,471	0		4.04
4.05	289	0		4.05
4.06	-5,503	0		4.06
4.07	-12,016	0		4.07
4.08	-1,405	0		4.08
4.09	0	0		4.09
4.10	293	0		4.10
5.00	-524,611			5.00

* The amounts on lines 1-4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate. Positive amounts increase cost and negative amounts decrease cost. For related organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

	Related Organization(s) and/or Home Office		
	Type of Business		
	6.00		
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:			

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	CATHOLIC SYSTEM		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

(1) Use the following symbols to indicate interrelationship to related organizations:

- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0052

Period:
From 10/01/2019
To 09/30/2020

Worksheet A-8-2

Date/Time Prepared:
4/29/2021 12:47 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.05	OTHER ADMINISTRATIVE AND GENERAL	21,532	21,532	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	137,200	137,200	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	1,093,518	1,093,518	0	0	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	243,840	243,840	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	871,000	871,000	0	0	0	5.00
6.00	59.00	CARDIAC CATHETERIZATION	91,667	91,667	0	0	0	6.00
7.00	60.00	LABORATORY	40,872	40,872	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	54,168	54,168	0	0	0	8.00
9.00	70.00	ELECTROENCEPHALOGRAPHY	18,140	18,140	0	0	0	9.00
10.00	91.00	EMERGENCY	257,535	257,535	0	0	0	10.00
200.00			2,829,472	2,829,472	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.05	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	5.00
6.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	6.00
7.00	60.00	LABORATORY	0	0	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	8.00
9.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	9.00
10.00	91.00	EMERGENCY	0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.05	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	21,532		1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	137,200		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	1,093,518		3.00
4.00	31.00	INTENSIVE CARE UNIT	0	0	0	243,840		4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	871,000		5.00
6.00	59.00	CARDIAC CATHETERIZATION	0	0	0	91,667		6.00
7.00	60.00	LABORATORY	0	0	0	40,872		7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	54,168		8.00
9.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	18,140		9.00
10.00	91.00	EMERGENCY	0	0	0	257,535		10.00
200.00			0	0	0	2,829,472		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0052

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
Date/Time Prepared:
4/29/2021 12:47 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	4A
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	2,062,716	2,062,716			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2,827,896		2,827,896		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	7,725,191	5,444	30	7,730,665	4.00
5.01	00540	NONPATIENT TELEPHONES	547,039	3,527	10,412	160,806	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	429,972	25,178	185	113,817	5.02
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	340	10,627	0	0	5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	18,605,594	321,331	1,138,204	447,675	5.05
7.00	00700	OPERATION OF PLANT	3,621,132	175,825	46,602	333,548	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	223,491	7,166	0	0	8.00
9.00	00900	HOUSEKEEPING	1,116,378	47,886	3,118	266,421	9.00
10.00	01000	DIETARY	489,231	47,002	19,703	125,103	10.00
11.00	01100	CAFETERIA	556,560	28,784	27,826	133,796	11.00
13.00	01300	NURSING ADMINISTRATION	1,869,636	6,338	79,676	377,853	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	350,383	47,227	0	3,782	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	336,153	14,663	0	86,803	16.00
17.00	01700	SOCIAL SERVICE	737,465	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,802,613	215,830	76,755	921,252	30.00
31.00	03100	INTENSIVE CARE UNIT	2,102,008	71,086	112,460	435,628	31.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,699,649	114,795	554,717	803,039	50.00
51.00	05100	RECOVERY ROOM	337,800	4,640	15,825	96,237	51.00
53.00	05300	ANESTHESIOLOGY	62,907	468	26,734	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,978,106	69,248	358,354	535,952	54.00
57.00	05700	CT SCAN	431,252	4,378	6,840	71,138	57.00
58.00	05800	MRI	138,127	3,765	423	36,604	58.00
59.00	05900	CARDIAC CATHETERIZATION	426,397	10,407	13,526	139,629	59.00
60.00	06000	LABORATORY	3,632,309	77,877	76,782	497,637	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	188,444	1,866	1,495	0	62.00
64.00	06400	INTRAVENOUS THERAPY	650,058	21,361	17,365	168,646	64.00
65.00	06500	RESPIRATORY THERAPY	828,298	10,192	15,374	207,127	65.00
66.00	06600	PHYSICAL THERAPY	860,824	38,677	6,541	242,679	66.00
67.00	06700	OCCUPATIONAL THERAPY	337,987	29,579	11,027	100,133	67.00
68.00	06800	SPEECH PATHOLOGY	213,451	4,242	18,863	61,708	68.00
69.00	06900	ELECTROCARDIOLOGY	215,578	14,168	47,672	75,191	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	319,143	18,807	2,910	28,738	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,757,362	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,485,263	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,239,212	25,421	53,952	245,361	73.00
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0	0	76.00
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	446,659	28,882	1,042	143,629	76.03
76.04	03952	PAIN CLINIC	112,448	2,371	120	26,616	76.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC (RHC)	661,562	0	5,655	140,204	88.00
91.00	09100	EMERGENCY	2,611,855	61,764	38,330	643,495	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	79,038,489	1,570,822	2,788,518	7,670,247	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	50,061	4,266	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	256,096	153,579	38,023	42,549	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
193.01	19301	EMS	64,725	730	1,355	17,869	193.01
193.02	19302	FUND DEVELOPMENT	155,670	0	0	0	193.02
194.00	07950	UNUSED SPACE	0	333,319	0	0	194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		TOTAL (sum lines 118 through 201)	79,565,041	2,062,716	2,827,896	7,730,665	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0052

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
Date/Time Prepared:
4/29/2021 12:47 pm

Cost Center Description			NONPATIENT TELEPHONES	Subtotal	PURCHASING RECEIVING AND STORES	Subtotal	CASHIERING/ACC OUNTS RECEIVABLE	
			5.01	5A.01	5.02	5A.02	5.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	721,784					5.01
5.02	00560	PURCHASING RECEIVING AND STORES	5,211	574,363	574,363			5.02
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	100	11,067	80	11,147	11,147	5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	187,769	20,700,573	150,534	20,851,107	2,931	5.05
7.00	00700	OPERATION OF PLANT	38,241	4,215,348	30,650	4,245,998	594	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,112	232,769	1,692	234,461	33	8.00
9.00	00900	HOUSEKEEPING	13,126	1,446,929	10,521	1,457,450	204	9.00
10.00	01000	DIETARY	6,235	687,274	4,997	692,271	97	10.00
11.00	01100	CAFETERIA	6,838	753,804	5,481	759,285	106	11.00
13.00	01300	NURSING ADMINISTRATION	21,363	2,354,866	17,122	2,371,988	332	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,675	405,067	2,945	408,012	57	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,006	441,625	3,211	444,836	62	16.00
17.00	01700	SOCIAL SERVICE	6,751	744,216	5,411	749,627	105	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	45,926	5,062,376	36,809	5,099,185	714	30.00
31.00	03100	INTENSIVE CARE UNIT	24,912	2,746,094	19,967	2,766,061	387	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	38,196	4,210,396	30,614	4,241,010	594	50.00
51.00	05100	RECOVERY ROOM	4,161	458,663	3,335	461,998	65	51.00
53.00	05300	ANESTHESIOLOGY	825	90,934	661	91,595	13	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	36,086	3,977,746	28,922	4,006,668	561	54.00
57.00	05700	CT SCAN	4,702	518,310	3,769	522,079	73	57.00
58.00	05800	MRI	1,638	180,557	1,313	181,870	25	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,401	595,360	4,329	599,689	84	59.00
60.00	06000	LABORATORY	39,226	4,323,831	31,439	4,355,270	610	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,756	193,561	1,407	194,968	27	62.00
64.00	06400	INTRAVENOUS THERAPY	7,850	865,280	6,291	871,571	122	64.00
65.00	06500	RESPIRATORY THERAPY	9,713	1,070,704	7,785	1,078,489	151	65.00
66.00	06600	PHYSICAL THERAPY	10,517	1,159,238	8,429	1,167,667	163	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,383	483,109	3,513	486,622	68	67.00
68.00	06800	SPEECH PATHOLOGY	2,731	300,995	2,189	303,184	42	68.00
69.00	06900	ELECTROCARDIOLOGY	3,228	355,837	2,587	358,424	50	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,384	372,982	2,712	375,694	53	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	16,089	1,773,451	12,895	1,786,346	250	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,598	1,498,861	10,898	1,509,759	211	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	96,713	10,660,659	77,514	10,738,173	1,503	73.00
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0	0	0	76.00
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	5,678	625,890	4,551	630,441	88	76.03
76.04	03952	PAIN CLINIC	1,296	142,851	1,039	143,890	20	76.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC (RHC)	7,392	814,813	5,925	820,738	115	88.00
91.00	09100	EMERGENCY	30,719	3,386,163	24,621	3,410,784	478	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		0		92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	711,547	78,436,562	566,158	78,428,357	10,988	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	497	54,824	399	55,223	8	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,488	494,735	3,597	498,332	70	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	EMS	775	85,454	621	86,075	12	193.01
193.02	19302	FUND DEVELOPMENT	1,425	157,095	1,142	158,237	22	193.02
194.00	07950	UNUSED SPACE	3,052	336,371	2,446	338,817	47	194.00
200.00		Cross Foot Adjustments		0		0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	721,784	79,565,041	574,363	79,565,041	11,147	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0052

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
Date/Time Prepared:
4/29/2021 12:47 pm

Cost Center Description			Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5A.04	5.05	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	20,854,038	20,854,038				5.05
7.00	00700	OPERATION OF PLANT	4,246,592	1,508,381	5,754,973			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	234,494	83,292	26,771	344,557		8.00
9.00	00900	HOUSEKEEPING	1,457,654	517,756	178,901	0	2,154,311	9.00
10.00	01000	DIETARY	692,368	245,928	175,599	0	87,893	10.00
11.00	01100	CAFETERIA	759,391	269,734	107,537	0	53,826	11.00
13.00	01300	NURSING ADMINISTRATION	2,372,320	842,643	23,678	0	11,851	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	408,069	144,945	176,438	0	88,313	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	444,898	158,027	54,782	0	27,420	16.00
17.00	01700	SOCIAL SERVICE	749,732	266,303	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,099,899	1,811,474	806,332	116,703	403,596	30.00
31.00	03100	INTENSIVE CARE UNIT	2,766,448	982,637	265,574	31,523	132,929	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,241,604	1,506,609	428,871	49,185	214,664	50.00
51.00	05100	RECOVERY ROOM	462,063	164,124	17,334	0	8,676	51.00
53.00	05300	ANESTHESIOLOGY	91,608	32,539	1,747	0	875	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,007,229	1,423,360	258,706	37,593	129,491	54.00
57.00	05700	CT SCAN	522,152	185,467	16,356	0	8,187	57.00
58.00	05800	MRI	181,895	64,609	14,067	0	7,041	58.00
59.00	05900	CARDIAC CATHETERIZATION	599,773	213,038	38,880	17,907	19,461	59.00
60.00	06000	LABORATORY	4,355,880	1,547,200	290,946	0	145,628	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	194,995	69,262	6,972	0	3,490	62.00
64.00	06400	INTRAVENOUS THERAPY	871,693	309,624	79,805	10,430	39,945	64.00
65.00	06500	RESPIRATORY THERAPY	1,078,640	383,131	38,076	0	19,059	65.00
66.00	06600	PHYSICAL THERAPY	1,167,830	414,811	153,284	2,714	76,724	66.00
67.00	06700	OCCUPATIONAL THERAPY	486,690	172,871	119,297	0	59,712	67.00
68.00	06800	SPEECH PATHOLOGY	303,226	107,705	24,639	0	12,332	68.00
69.00	06900	ELECTROCARDIOLOGY	358,474	127,329	52,930	0	26,493	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	375,747	133,465	70,264	109	35,169	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,786,596	634,595	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,509,970	536,338	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,739,676	3,814,719	94,973	0	47,537	73.00
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0	0	0	76.00
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	630,529	223,963	107,904	0	54,009	76.03
76.04	03952	PAIN CLINIC	143,910	51,117	8,859	0	4,434	76.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC (RHC)	820,853	291,565	47,006	0	23,528	88.00
91.00	09100	EMERGENCY	3,411,262	1,211,673	230,748	78,393	115,497	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0					92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	78,428,198	20,450,234	3,917,276	344,557	1,857,780	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	55,231	19,618	15,937	0	7,977	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	498,402	177,031	573,767	0	287,190	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	EMS	86,087	30,578	2,726	0	1,364	193.01
193.02	19302	FUND DEVELOPMENT	158,259	56,213	0	0	0	193.02
194.00	07950	UNUSED SPACE	338,864	120,364	1,245,267	0	0	194.00
200.00		Cross Foot Adjustments	0					200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	79,565,041	20,854,038	5,754,973	344,557	2,154,311	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0052

Period:
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To 09/30/2020Worksheet B
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Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	
			10.00	11.00	13.00	14.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL						5.05
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,201,788					10.00
11.00	01100	CAFETERIA	0	1,190,488				11.00
13.00	01300	NURSING ADMINISTRATION	0	56,799	3,307,291			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	33,395	0	851,160		14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	24,452	0	15	709,594	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	428,659	198,674	1,083,016	29,094	17,278	30.00
31.00	03100	INTENSIVE CARE UNIT	93,445	82,379	402,676	19,892	8,637	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,101	140,991	719,013	0	73,860	50.00
51.00	05100	RECOVERY ROOM	0	14,703	124,770	4,475	10,808	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	10,804	7,230	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	102,521	34,386	37,353	63,588	54.00
57.00	05700	CT SCAN	0	13,817	0	13,114	79,515	57.00
58.00	05800	MRI	0	6,848	0	3,635	10,216	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	23,566	82,286	0	14,596	59.00
60.00	06000	LABORATORY	0	117,909	0	16,916	81,942	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	32,869	2,541	62.00
64.00	06400	INTRAVENOUS THERAPY	892	34,523	71,678	12,261	8,456	64.00
65.00	06500	RESPIRATORY THERAPY	0	43,385	0	23,210	11,722	65.00
66.00	06600	PHYSICAL THERAPY	0	34,120	0	1,040	12,536	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	15,590	0	224	4,032	67.00
68.00	06800	SPEECH PATHOLOGY	0	8,943	0	1	1,326	68.00
69.00	06900	ELECTROCARDIOLOGY	0	12,206	19,293	555	25,118	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	6,526	0	649	8,350	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	330,222	20,489	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	260,341	20,015	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	34,523	0	748	153,082	73.00
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0	0	0	76.00
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	25,781	0	67	1,736	76.03
76.04	03952	PAIN CLINIC	0	6,768	4,062	3,736	2,333	76.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC (RHC)	0	14,583	10,789	1,349	2,302	88.00
91.00	09100	EMERGENCY	17,658	137,486	574,260	48,455	67,886	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	542,755	1,190,488	3,126,229	851,025	709,594	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	659,033	0	181,062	122	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	EMS	0	0	0	13	0	193.01
193.02	19302	FUND DEVELOPMENT	0	0	0	0	0	193.02
194.00	07950	UNUSED SPACE	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,201,788	1,190,488	3,307,291	851,160	709,594	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0052

Period:
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To 09/30/2020Worksheet B
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Cost Center Description			SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			17.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00560	PURCHASING RECEIVING AND STORES					5.02
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL					5.05
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE	1,016,035				17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	844,102	10,838,827	0	10,838,827	30.00
31.00	03100	INTENSIVE CARE UNIT	171,933	4,958,073	0	4,958,073	31.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	7,376,898	0	7,376,898	50.00
51.00	05100	RECOVERY ROOM	0	806,953	0	806,953	51.00
53.00	05300	ANESTHESIOLOGY	0	144,803	0	144,803	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,094,227	0	6,094,227	54.00
57.00	05700	CT SCAN	0	838,608	0	838,608	57.00
58.00	05800	MRI	0	288,311	0	288,311	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,009,507	0	1,009,507	59.00
60.00	06000	LABORATORY	0	6,556,421	0	6,556,421	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	310,129	0	310,129	62.00
64.00	06400	INTRAVENOUS THERAPY	0	1,439,307	0	1,439,307	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,597,223	0	1,597,223	65.00
66.00	06600	PHYSICAL THERAPY	0	1,863,059	0	1,863,059	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	858,416	0	858,416	67.00
68.00	06800	SPEECH PATHOLOGY	0	458,172	0	458,172	68.00
69.00	06900	ELECTROCARDIOLOGY	0	622,398	0	622,398	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	630,279	0	630,279	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,771,902	0	2,771,902	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,326,664	0	2,326,664	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	14,885,258	0	14,885,258	73.00
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0	0	76.00
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,043,989	0	1,043,989	76.03
76.04	03952	PAIN CLINIC	0	225,219	0	225,219	76.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC (RHC)	0	1,211,975	0	1,211,975	88.00
91.00	09100	EMERGENCY	0	5,893,318	0	5,893,318	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0		92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,016,035	75,049,936	0	75,049,936	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	98,763	0	98,763	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,376,607	0	2,376,607	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
193.01	19301	EMS	0	120,768	0	120,768	193.01
193.02	19302	FUND DEVELOPMENT	0	214,472	0	214,472	193.02
194.00	07950	UNUSED SPACE	0	1,704,495	0	1,704,495	194.00
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,016,035	79,565,041	0	79,565,041	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0052

Period:
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	5,444	30	5,474	4.00
5.01	00540	NONPATIENT TELEPHONES	0	3,527	10,412	13,939	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	0	25,178	185	25,363	5.02
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	10,627	0	10,627	5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	30,000	321,331	1,138,204	1,489,535	5.05
7.00	00700	OPERATION OF PLANT	0	175,825	46,602	222,427	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	7,166	0	7,166	8.00
9.00	00900	HOUSEKEEPING	0	47,886	3,118	51,004	9.00
10.00	01000	DIETARY	0	47,002	19,703	66,705	10.00
11.00	01100	CAFETERIA	0	28,784	27,826	56,610	11.00
13.00	01300	NURSING ADMINISTRATION	0	6,338	79,676	86,014	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	47,227	0	47,227	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	14,663	0	14,663	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	28,129	215,830	76,755	320,714	30.00
31.00	03100	INTENSIVE CARE UNIT	20,607	71,086	112,460	204,153	31.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	7,243	114,795	554,717	676,755	50.00
51.00	05100	RECOVERY ROOM	0	4,640	15,825	20,465	51.00
53.00	05300	ANESTHESIOLOGY	0	468	26,734	27,202	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	69,248	358,354	427,602	54.00
57.00	05700	CT SCAN	0	4,378	6,840	11,218	57.00
58.00	05800	MRI	0	3,765	423	4,188	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	10,407	13,526	23,933	59.00
60.00	06000	LABORATORY	22,839	77,877	76,782	177,498	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	1,866	1,495	3,361	62.00
64.00	06400	INTRAVENOUS THERAPY	0	21,361	17,365	38,726	64.00
65.00	06500	RESPIRATORY THERAPY	5,932	10,192	15,374	31,498	65.00
66.00	06600	PHYSICAL THERAPY	9,790	38,677	6,541	55,008	66.00
67.00	06700	OCCUPATIONAL THERAPY	14,549	29,579	11,027	55,155	67.00
68.00	06800	SPEECH PATHOLOGY	9,577	4,242	18,863	32,682	68.00
69.00	06900	ELECTROCARDIOLOGY	0	14,168	47,672	61,840	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	18,807	2,910	21,717	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	25,421	53,952	79,373	73.00
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0	0	76.00
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	184	28,882	1,042	30,108	76.03
76.04	03952	PAIN CLINIC	0	2,371	120	2,491	76.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC (RHC)	193,532	0	5,655	199,187	88.00
91.00	09100	EMERGENCY	0	61,764	38,330	100,094	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	342,382	1,570,822	2,788,518	4,701,722	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,266	0	4,266	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	148,377	153,579	38,023	339,979	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
193.01	19301	EMS	0	730	1,355	2,085	193.01
193.02	19302	FUND DEVELOPMENT	0	0	0	0	193.02
194.00	07950	UNUSED SPACE	0	333,319	0	333,319	194.00
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	490,759	2,062,716	2,827,896	5,381,371	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0052

Period:
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Cost Center Description			NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	
			5.01	5.02	5.04	5.05	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	14,053					5.01
5.02	00560	PURCHASING RECEIVING AND STORES	101	25,545				5.02
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	2	4	10,633			5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	3,672	6,718	2,769	1,503,012		5.05
7.00	00700	OPERATION OF PLANT	744	1,362	569	108,713	334,052	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	41	75	31	6,003	1,554	8.00
9.00	00900	HOUSEKEEPING	255	467	195	37,316	10,384	9.00
10.00	01000	DIETARY	121	222	93	17,725	10,193	10.00
11.00	01100	CAFETERIA	133	243	102	19,440	6,242	11.00
13.00	01300	NURSING ADMINISTRATION	415	761	318	60,731	1,374	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	71	131	55	10,447	10,241	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	78	143	60	11,389	3,180	16.00
17.00	01700	SOCIAL SERVICE	131	240	100	19,193	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	893	1,635	683	130,557	46,804	30.00
31.00	03100	INTENSIVE CARE UNIT	484	887	371	70,821	15,415	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	743	1,360	568	108,585	24,894	50.00
51.00	05100	RECOVERY ROOM	81	148	62	11,829	1,006	51.00
53.00	05300	ANESTHESIOLOGY	16	29	12	2,345	101	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	702	1,285	537	102,585	15,017	54.00
57.00	05700	CT SCAN	91	167	70	13,367	949	57.00
58.00	05800	MRI	32	58	24	4,657	817	58.00
59.00	05900	CARDIAC CATHETERIZATION	105	192	80	15,354	2,257	59.00
60.00	06000	LABORATORY	763	1,397	584	111,511	16,888	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	34	63	26	4,992	405	62.00
64.00	06400	INTRAVENOUS THERAPY	153	279	117	22,315	4,632	64.00
65.00	06500	RESPIRATORY THERAPY	189	346	145	27,613	2,210	65.00
66.00	06600	PHYSICAL THERAPY	204	374	156	29,896	8,898	66.00
67.00	06700	OCCUPATIONAL THERAPY	85	156	65	12,459	6,925	67.00
68.00	06800	SPEECH PATHOLOGY	53	97	41	7,763	1,430	68.00
69.00	06900	ELECTROCARDIOLOGY	63	115	48	9,177	3,072	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	66	120	50	9,619	4,079	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	313	573	239	45,737	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	264	484	202	38,655	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,880	3,443	1,439	274,947	5,513	73.00
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0	0	0	76.00
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	110	202	84	16,142	6,263	76.03
76.04	03952	PAIN CLINIC	25	46	19	3,684	514	76.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC (RHC)	144	263	110	21,014	2,728	88.00
91.00	09100	EMERGENCY	597	1,094	457	87,328	13,394	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	13,854	25,179	10,481	1,473,909	227,379	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	10	18	7	1,414	925	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	87	160	67	12,759	33,305	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	EMS	15	28	12	2,204	158	193.01
193.02	19302	FUND DEVELOPMENT	28	51	21	4,051	0	193.02
194.00	07950	UNUSED SPACE	59	109	45	8,675	72,285	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	14,053	25,545	10,633	1,503,012	334,052	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0052

Period:
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Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL						5.05
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE	14,870					8.00
9.00	00900	HOUSEKEEPING	0	99,810				9.00
10.00	01000	DIETARY	0	4,072	99,220			10.00
11.00	01100	CAFETERIA	0	2,494	0	85,359		11.00
13.00	01300	NURSING ADMINISTRATION	0	549	0	4,073	154,503	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4,092	0	2,394	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,270	0	1,753	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,037	18,700	35,390	14,245	50,596	30.00
31.00	03100	INTENSIVE CARE UNIT	1,360	6,159	7,715	5,907	18,811	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,123	9,945	173	10,109	33,589	50.00
51.00	05100	RECOVERY ROOM	0	402	0	1,054	5,829	51.00
53.00	05300	ANESTHESIOLOGY	0	41	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,622	5,999	0	7,351	1,606	54.00
57.00	05700	CT SCAN	0	379	0	991	0	57.00
58.00	05800	MRI	0	326	0	491	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	773	902	0	1,690	3,844	59.00
60.00	06000	LABORATORY	0	6,747	0	8,454	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	162	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	450	1,851	74	2,475	3,348	64.00
65.00	06500	RESPIRATORY THERAPY	0	883	0	3,111	0	65.00
66.00	06600	PHYSICAL THERAPY	117	3,555	0	2,446	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,766	0	1,118	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	571	0	641	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,227	0	875	901	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5	1,629	0	468	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,202	0	2,475	0	73.00
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0	0	0	76.00
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	2,502	0	1,849	0	76.03
76.04	03952	PAIN CLINIC	0	205	0	485	190	76.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC (RHC)	0	1,090	0	1,046	504	88.00
91.00	09100	EMERGENCY	3,383	5,351	1,458	9,858	26,827	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	14,870	86,071	44,810	85,359	146,045	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	370	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	13,306	54,410	0	8,458	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	EMS	0	63	0	0	0	193.01
193.02	19302	FUND DEVELOPMENT	0	0	0	0	0	193.02
194.00	07950	UNUSED SPACE	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	14,870	99,810	99,220	85,359	154,503	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0052

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Cost Center Description			CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			14.00	16.00	17.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL						5.05
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	74,661					14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1	32,599				16.00
17.00	01700	SOCIAL SERVICE	0	0	19,664			17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,552	795	16,336	645,579	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,745	397	3,328	337,862	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	3,398	0	872,812	0	50.00
51.00	05100	RECOVERY ROOM	393	497	0	41,834	0	51.00
53.00	05300	ANESTHESIOLOGY	948	333	0	31,027	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,276	2,926	0	570,888	0	54.00
57.00	05700	CT SCAN	1,150	3,659	0	32,091	0	57.00
58.00	05800	MRI	319	470	0	11,408	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	672	0	49,901	0	59.00
60.00	06000	LABORATORY	1,484	3,770	0	329,449	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	2,883	117	0	12,043	0	62.00
64.00	06400	INTRAVENOUS THERAPY	1,075	389	0	76,004	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,036	539	0	68,717	0	65.00
66.00	06600	PHYSICAL THERAPY	91	577	0	101,494	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	20	186	0	79,006	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	61	0	43,383	0	68.00
69.00	06900	ELECTROCARDIOLOGY	49	1,156	0	78,576	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	57	384	0	38,214	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	28,966	943	0	76,771	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	22,836	921	0	63,362	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	66	6,992	0	378,504	0	73.00
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0	0	0	76.00
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	6	80	0	57,448	0	76.03
76.04	03952	PAIN CLINIC	328	107	0	8,113	0	76.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC (RHC)	118	106	0	226,409	0	88.00
91.00	09100	EMERGENCY	4,250	3,124	0	257,672	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	74,649	32,599	19,664	4,488,567	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	7,010	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	11	0	0	462,572	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	EMS	1	0	0	4,579	0	193.01
193.02	19302	FUND DEVELOPMENT	0	0	0	4,151	0	193.02
194.00	07950	UNUSED SPACE	0	0	0	414,492	0	194.00
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	74,661	32,599	19,664	5,381,371	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0052

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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	00540	NONPATIENT TELEPHONES	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	5.02
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	5.05
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
76.00	03950	THERAPEUTIC ACTIVITIES	76.00
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.03
76.04	03952	PAIN CLINIC	76.04
OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC (RHC)	88.00
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
193.00	19300	NONPAID WORKERS	193.00
193.01	19301	EMS	193.01
193.02	19302	FUND DEVELOPMENT	193.02
194.00	07950	UNUSED SPACE	194.00
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118 through 201)	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0052

Period:
From 10/01/2019
To 09/30/2020

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	NONPATIENT TELEPHONES (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A.01	5.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	441,005					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2,720,102				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,164	29	24,161,915			4.00
5.01	00540	NONPATIENT TELEPHONES	754	10,015	502,593	-721,784	78,843,257	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	5,383	178	355,730	0	569,152	5.02
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,272	0	0	0	10,967	5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	68,700	1,094,820	1,399,195	0	20,512,804	5.05
7.00	00700	OPERATION OF PLANT	37,591	44,826	1,042,493	0	4,177,107	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,532	0	0	0	230,657	8.00
9.00	00900	HOUSEKEEPING	10,238	2,999	832,692	0	1,433,803	9.00
10.00	01000	DIETARY	10,049	18,952	391,004	0	681,039	10.00
11.00	01100	CAFETERIA	6,154	26,765	418,174	0	746,966	11.00
13.00	01300	NURSING ADMINISTRATION	1,355	76,639	1,180,968	0	2,333,503	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,097	0	11,821	0	401,392	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,135	0	271,299	0	437,619	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	737,465	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	46,144	73,829	2,879,314	0	5,016,450	30.00
31.00	03100	INTENSIVE CARE UNIT	15,198	108,173	1,361,543	0	2,721,182	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	24,543	533,572	2,509,873	0	4,172,200	50.00
51.00	05100	RECOVERY ROOM	992	15,222	300,785	0	454,502	51.00
53.00	05300	ANESTHESIOLOGY	100	25,715	0	0	90,109	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,805	344,694	1,675,102	0	3,941,660	54.00
57.00	05700	CT SCAN	936	6,579	222,339	0	513,608	57.00
58.00	05800	MRI	805	407	114,404	0	178,919	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,225	13,010	436,405	0	589,959	59.00
60.00	06000	LABORATORY	16,650	73,855	1,555,348	0	4,284,605	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	399	1,438	0	0	191,805	62.00
64.00	06400	INTRAVENOUS THERAPY	4,567	16,703	527,097	0	857,430	64.00
65.00	06500	RESPIRATORY THERAPY	2,179	14,788	647,368	0	1,060,991	65.00
66.00	06600	PHYSICAL THERAPY	8,269	6,292	758,486	0	1,148,721	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,324	10,607	312,963	0	478,726	67.00
68.00	06800	SPEECH PATHOLOGY	907	18,144	192,866	0	298,264	68.00
69.00	06900	ELECTROCARDIOLOGY	3,029	45,855	235,008	0	352,609	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,021	2,799	89,821	0	369,598	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	1,757,362	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	1,485,263	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,435	51,895	766,869	0	10,563,946	73.00
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0	0	0	76.00
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	6,175	1,002	448,908	0	620,212	76.03
76.04	03952	PAIN CLINIC	507	115	83,186	0	141,555	76.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC (RHC)	0	5,439	438,203	0	807,421	88.00
91.00	09100	EMERGENCY	13,205	36,869	2,011,223	0	3,355,444	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	335,839	2,682,225	23,973,080	-721,784	77,725,015	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	912	0	0	0	54,327	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	32,835	36,574	132,986	0	490,247	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	EMS	156	1,303	55,849	0	84,679	193.01
193.02	19302	FUND DEVELOPMENT	0	0	0	0	155,670	193.02
194.00	07950	UNUSED SPACE	71,263	0	0	0	333,319	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,062,716	2,827,896	7,730,665		721,784	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4.677308	1.039629	0.319952		0.009155	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			5,474		14,053	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000227		0.000178	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0052

Period:
From 10/01/2019
To 09/30/2020

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	NONPATIENT TELEPHONES (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A.01	5.01	
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0052

Period:
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Date/Time Prepared:
4/29/2021 12:47 pm

Cost Center Description		Reconciliation	PURCHASING RECEIVING AND STORES (ACCUM. COST)	Reconciliation	CASHIERING/ACC OUNTS RECEIVABLE (ACCUM. COST)	Reconciliation	
		5A.02	5.02	5A.04	5.04	5A.05	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00560	PURCHASING RECEIVING AND STORES	-574,363	78,990,678			5.02
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	11,067	-11,147	79,553,894	5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	0	20,700,573	0	20,851,107	5.05
7.00	00700	OPERATION OF PLANT	0	4,215,348	0	4,245,998	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	232,769	0	234,461	8.00
9.00	00900	HOUSEKEEPING	0	1,446,929	0	1,457,450	9.00
10.00	01000	DIETARY	0	687,274	0	692,271	10.00
11.00	01100	CAFETERIA	0	753,804	0	759,285	11.00
13.00	01300	NURSING ADMINISTRATION	0	2,354,866	0	2,371,988	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	405,067	0	408,012	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	441,625	0	444,836	16.00
17.00	01700	SOCIAL SERVICE	0	744,216	0	749,627	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	5,062,376	0	5,099,185	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,746,094	0	2,766,061	31.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	4,210,396	0	4,241,010	50.00
51.00	05100	RECOVERY ROOM	0	458,663	0	461,998	51.00
53.00	05300	ANESTHESIOLOGY	0	90,934	0	91,595	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,977,746	0	4,006,668	54.00
57.00	05700	CT SCAN	0	518,310	0	522,079	57.00
58.00	05800	MRI	0	180,557	0	181,870	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	595,360	0	599,689	59.00
60.00	06000	LABORATORY	0	4,323,831	0	4,355,270	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	193,561	0	194,968	62.00
64.00	06400	INTRAVENOUS THERAPY	0	865,280	0	871,571	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,070,704	0	1,078,489	65.00
66.00	06600	PHYSICAL THERAPY	0	1,159,238	0	1,167,667	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	483,109	0	486,622	67.00
68.00	06800	SPEECH PATHOLOGY	0	300,995	0	303,184	68.00
69.00	06900	ELECTROCARDIOLOGY	0	355,837	0	358,424	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	372,982	0	375,694	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,773,451	0	1,786,346	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,498,861	0	1,509,759	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	10,660,659	0	10,738,173	73.00
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0	0	76.00
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	625,890	0	630,441	76.03
76.04	03952	PAIN CLINIC	0	142,851	0	143,890	76.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC (RHC)	0	814,813	0	820,738	88.00
91.00	09100	EMERGENCY	0	3,386,163	0	3,410,784	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-574,363	77,862,199	-11,147	78,417,210	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	54,824	0	55,223	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	494,735	0	498,332	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
193.01	19301	EMS	0	85,454	0	86,075	193.01
193.02	19302	FUND DEVELOPMENT	0	157,095	0	158,237	193.02
194.00	07950	UNUSED SPACE	0	336,371	0	338,817	194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)		574,363		11,147	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)		0.007271		0.000140	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		25,545		10,633	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.000323		0.000134	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0052

Period:
From 10/01/2019
To 09/30/2020

Worksheet B-1

Date/Time Prepared:
4/29/2021 12:47 pm

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT ME ALS)	
		5.05	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00560	PURCHASING RECEIVING AND STORES					5.02
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	58,711,003				5.05
7.00	00700	OPERATION OF PLANT	4,246,592	329,340			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	234,494	1,532	320,514		8.00
9.00	00900	HOUSEKEEPING	1,457,654	10,238	0	246,307	9.00
10.00	01000	DIETARY	692,368	10,049	0	10,049	10.00
11.00	01100	CAFETERIA	759,391	6,154	0	6,154	11.00
13.00	01300	NURSING ADMINISTRATION	2,372,320	1,355	0	1,355	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	408,069	10,097	0	10,097	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	444,898	3,135	0	3,135	16.00
17.00	01700	SOCIAL SERVICE	749,732	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	5,099,899	46,144	108,560	46,144	30.00
31.00	03100	INTENSIVE CARE UNIT	2,766,448	15,198	29,323	15,198	31.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,241,604	24,543	45,753	24,543	50.00
51.00	05100	RECOVERY ROOM	462,063	992	0	992	51.00
53.00	05300	ANESTHESIOLOGY	91,608	100	0	100	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,007,229	14,805	34,970	14,805	54.00
57.00	05700	CT SCAN	522,152	936	0	936	57.00
58.00	05800	MRI	181,895	805	0	805	58.00
59.00	05900	CARDIAC CATHETERIZATION	599,773	2,225	16,657	2,225	59.00
60.00	06000	LABORATORY	4,355,880	16,650	0	16,650	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	194,995	399	0	399	62.00
64.00	06400	INTRAVENOUS THERAPY	871,693	4,567	9,702	4,567	64.00
65.00	06500	RESPIRATORY THERAPY	1,078,640	2,179	0	2,179	65.00
66.00	06600	PHYSICAL THERAPY	1,167,830	8,772	2,525	8,772	66.00
67.00	06700	OCCUPATIONAL THERAPY	486,690	6,827	0	6,827	67.00
68.00	06800	SPEECH PATHOLOGY	303,226	1,410	0	1,410	68.00
69.00	06900	ELECTROCARDIOLOGY	358,474	3,029	0	3,029	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	375,747	4,021	101	4,021	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,786,596	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,509,970	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,739,676	5,435	0	5,435	73.00
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0	0	76.00
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	630,529	6,175	0	6,175	76.03
76.04	03952	PAIN CLINIC	143,910	507	0	507	76.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC (RHC)	820,853	2,690	0	2,690	88.00
91.00	09100	EMERGENCY	3,411,262	13,205	72,923	13,205	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	57,574,160	224,174	320,514	212,404	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	55,231	912	0	912	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	498,402	32,835	0	32,835	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
193.01	19301	EMS	86,087	156	0	156	193.01
193.02	19302	FUND DEVELOPMENT	158,259	0	0	0	193.02
194.00	07950	UNUSED SPACE	338,864	71,263	0	0	194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	20,854,038	5,754,973	344,557	2,154,311	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.355198	17.474261	1.075014	8.746447	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,503,012	334,052	14,870	99,810	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.025600	1.014307	0.046394	0.405226	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0052

Period:
From 10/01/2019
To 09/30/2020

Worksheet B-1

Date/Time Prepared:
4/29/2021 12:47 pm

Cost Center Description			CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (PURCHASE R EQUIS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
			11.00	13.00	14.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL						5.05
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	29,553					11.00
13.00	01300	NURSING ADMINISTRATION	1,410	383,478				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	829	0	4,855,928			14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	607	0	87	362,830,531		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	8,616	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,932	125,575	165,985	8,833,525	7,158	30.00
31.00	03100	INTENSIVE CARE UNIT	2,045	46,690	113,487	4,415,494	1,458	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,500	83,369	0	37,760,581	0	50.00
51.00	05100	RECOVERY ROOM	365	14,467	25,530	5,525,425	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	61,637	3,696,551	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,545	3,987	213,103	32,508,986	0	54.00
57.00	05700	CT SCAN	343	0	74,819	40,651,673	0	57.00
58.00	05800	MRI	170	0	20,740	5,222,701	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	585	9,541	0	7,462,259	0	59.00
60.00	06000	LABORATORY	2,927	0	96,509	41,892,605	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	187,519	1,299,129	0	62.00
64.00	06400	INTRAVENOUS THERAPY	857	8,311	69,951	4,323,312	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,077	0	132,415	5,992,780	0	65.00
66.00	06600	PHYSICAL THERAPY	847	0	5,936	6,408,935	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	387	0	1,278	2,061,461	0	67.00
68.00	06800	SPEECH PATHOLOGY	222	0	8	678,025	0	68.00
69.00	06900	ELECTROCARDIOLOGY	303	2,237	3,169	12,841,547	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	162	0	3,702	4,268,990	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	1,883,915	10,474,749	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	1,485,263	10,232,608	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	857	0	4,269	78,315,623	0	73.00
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0	0	0	76.00
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	640	0	384	887,373	0	76.03
76.04	03952	PAIN CLINIC	168	471	21,313	1,192,735	0	76.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC (RHC)	362	1,251	7,696	1,176,967	0	88.00
91.00	09100	EMERGENCY	3,413	66,585	276,440	34,706,497	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	29,553	362,484	4,855,155	362,830,531	8,616	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	20,994	696	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	EMS	0	0	77	0	0	193.01
193.02	19302	FUND DEVELOPMENT	0	0	0	0	0	193.02
194.00	07950	UNUSED SPACE	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,190,488	3,307,291	851,160	709,594	1,016,035	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	40.283152	8.624461	0.175283	0.001956	117.924211	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	85,359	154,503	74,661	32,599	19,664	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2.888336	0.402899	0.015375	0.000090	2.282266	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0052

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
4/29/2021 12:47 pm

			Title XVIII		Hospital		PPS
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
					Total Costs	RCE Disallowance	
			1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	10,838,827		10,838,827	0	10,838,827
31.00	03100	INTENSIVE CARE UNIT	4,958,073		4,958,073	0	4,958,073
43.00	04300	NURSERY	0		0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	7,376,898		7,376,898	0	7,376,898
51.00	05100	RECOVERY ROOM	806,953		806,953	0	806,953
53.00	05300	ANESTHESIOLOGY	144,803		144,803	0	144,803
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,094,227		6,094,227	0	6,094,227
57.00	05700	CT SCAN	838,608		838,608	0	838,608
58.00	05800	MRI	288,311		288,311	0	288,311
59.00	05900	CARDIAC CATHETERIZATION	1,009,507		1,009,507	0	1,009,507
60.00	06000	LABORATORY	6,556,421		6,556,421	0	6,556,421
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	310,129		310,129	0	310,129
64.00	06400	INTRAVENOUS THERAPY	1,439,307		1,439,307	0	1,439,307
65.00	06500	RESPIRATORY THERAPY	1,597,223	0	1,597,223	0	1,597,223
66.00	06600	PHYSICAL THERAPY	1,863,059	0	1,863,059	0	1,863,059
67.00	06700	OCCUPATIONAL THERAPY	858,416	0	858,416	0	858,416
68.00	06800	SPEECH PATHOLOGY	458,172	0	458,172	0	458,172
69.00	06900	ELECTROCARDIOLOGY	622,398		622,398	0	622,398
70.00	07000	ELECTROENCEPHALOGRAPHY	630,279		630,279	0	630,279
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,771,902		2,771,902	0	2,771,902
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,326,664		2,326,664	0	2,326,664
73.00	07300	DRUGS CHARGED TO PATIENTS	14,885,258		14,885,258	0	14,885,258
76.00	03950	THERAPEUTIC ACTIVITIES	0		0	0	0
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,043,989		1,043,989	0	1,043,989
76.04	03952	PAIN CLINIC	225,219		225,219	0	225,219
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC (RHC)	1,211,975		1,211,975	0	1,211,975
91.00	09100	EMERGENCY	5,893,318		5,893,318	0	5,893,318
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,519,387		1,519,387	0	1,519,387
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
200.00		Subtotal (see instructions)	76,569,323	0	76,569,323	0	76,569,323
201.00		Less Observation Beds	1,519,387		1,519,387		1,519,387
202.00		Total (see instructions)	75,049,936	0	75,049,936	0	75,049,936

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0052

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
4/29/2021 12:47 pm

			Title XVIII			Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	7,013,775		7,013,775			30.00
31.00	03100	INTENSIVE CARE UNIT	4,415,494		4,415,494			31.00
43.00	04300	NURSERY	0		0			43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	8,193,039	29,567,542	37,760,581	0.195360	0.000000	50.00
51.00	05100	RECOVERY ROOM	1,459,816	4,065,609	5,525,425	0.146044	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	999,023	2,697,528	3,696,551	0.039172	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,888,267	28,620,719	32,508,986	0.187463	0.000000	54.00
57.00	05700	CT SCAN	9,374,355	31,277,318	40,651,673	0.020629	0.000000	57.00
58.00	05800	MRI	1,106,101	4,116,600	5,222,701	0.055203	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,428,836	4,033,423	7,462,259	0.135282	0.000000	59.00
60.00	06000	LABORATORY	13,457,119	28,435,486	41,892,605	0.156505	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	746,088	553,041	1,299,129	0.238721	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY	18,670	4,304,642	4,323,312	0.332918	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	3,914,666	2,078,114	5,992,780	0.266525	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	903,601	5,505,334	6,408,935	0.290697	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	948,316	1,113,145	2,061,461	0.416411	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	233,561	444,464	678,025	0.675745	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	4,476,968	8,364,579	12,841,547	0.048468	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	133,257	4,135,733	4,268,990	0.147641	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,980,066	6,494,683	10,474,749	0.264627	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,310,527	5,922,081	10,232,608	0.227377	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,564,452	65,751,171	78,315,623	0.190068	0.000000	73.00
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0	0.000000	0.000000	76.00
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	887,373	887,373	1.176494	0.000000	76.03
76.04	03952	PAIN CLINIC	18,730	1,174,005	1,192,735	0.188826	0.000000	76.04
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC (RHC)	0	1,176,967	1,176,967			88.00
91.00	09100	EMERGENCY	5,807,746	28,898,751	34,706,497	0.169804	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	630,212	1,189,538	1,819,750	0.834943	0.000000	92.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	92,022,685	270,807,846	362,830,531			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	92,022,685	270,807,846	362,830,531			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0052

Period:
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Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.195360		50.00
51.00	05100	RECOVERY ROOM	0.146044		51.00
53.00	05300	ANESTHESIOLOGY	0.039172		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.187463		54.00
57.00	05700	CT SCAN	0.020629		57.00
58.00	05800	MRI	0.055203		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.135282		59.00
60.00	06000	LABORATORY	0.156505		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.238721		62.00
64.00	06400	INTRAVENOUS THERAPY	0.332918		64.00
65.00	06500	RESPIRATORY THERAPY	0.266525		65.00
66.00	06600	PHYSICAL THERAPY	0.290697		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.416411		67.00
68.00	06800	SPEECH PATHOLOGY	0.675745		68.00
69.00	06900	ELECTROCARDIOLOGY	0.048468		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.147641		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.264627		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.227377		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.190068		73.00
76.00	03950	THERAPEUTIC ACTIVITIES	0.000000		76.00
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.176494		76.03
76.04	03952	PAIN CLINIC	0.188826		76.04
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC (RHC)			88.00
91.00	09100	EMERGENCY	0.169804		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.834943		92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0052

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
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				Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE Disallowance	Total Costs		
			1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	10,838,827		10,838,827	0	10,838,827	30.00	
31.00	03100	INTENSIVE CARE UNIT	4,958,073		4,958,073	0	4,958,073	31.00	
43.00	04300	NURSERY	0		0	0	0	43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	7,376,898		7,376,898	0	7,376,898	50.00	
51.00	05100	RECOVERY ROOM	806,953		806,953	0	806,953	51.00	
53.00	05300	ANESTHESIOLOGY	144,803		144,803	0	144,803	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,094,227		6,094,227	0	6,094,227	54.00	
57.00	05700	CT SCAN	838,608		838,608	0	838,608	57.00	
58.00	05800	MRI	288,311		288,311	0	288,311	58.00	
59.00	05900	CARDIAC CATHETERIZATION	1,009,507		1,009,507	0	1,009,507	59.00	
60.00	06000	LABORATORY	6,556,421		6,556,421	0	6,556,421	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	310,129		310,129	0	310,129	62.00	
64.00	06400	INTRAVENOUS THERAPY	1,439,307		1,439,307	0	1,439,307	64.00	
65.00	06500	RESPIRATORY THERAPY	1,597,223	0	1,597,223	0	1,597,223	65.00	
66.00	06600	PHYSICAL THERAPY	1,863,059	0	1,863,059	0	1,863,059	66.00	
67.00	06700	OCCUPATIONAL THERAPY	858,416	0	858,416	0	858,416	67.00	
68.00	06800	SPEECH PATHOLOGY	458,172	0	458,172	0	458,172	68.00	
69.00	06900	ELECTROCARDIOLOGY	622,398		622,398	0	622,398	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	630,279		630,279	0	630,279	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,771,902		2,771,902	0	2,771,902	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,326,664		2,326,664	0	2,326,664	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	14,885,258		14,885,258	0	14,885,258	73.00	
76.00	03950	THERAPEUTIC ACTIVITIES	0		0	0	0	76.00	
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,043,989		1,043,989	0	1,043,989	76.03	
76.04	03952	PAIN CLINIC	225,219		225,219	0	225,219	76.04	
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC (RHC)	1,211,975		1,211,975	0	1,211,975	88.00	
91.00	09100	EMERGENCY	5,893,318		5,893,318	0	5,893,318	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,519,387		1,519,387	0	1,519,387	92.00	
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	76,569,323	0	76,569,323	0	76,569,323	200.00	
201.00		Less Observation Beds	1,519,387		1,519,387	0	1,519,387	201.00	
202.00		Total (see instructions)	75,049,936	0	75,049,936	0	75,049,936	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0052

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
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			Title XIX		Hospital	Cost		
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	7,013,775		7,013,775			30.00
31.00	03100	INTENSIVE CARE UNIT	4,415,494		4,415,494			31.00
43.00	04300	NURSERY	0		0			43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	8,193,039	29,567,542	37,760,581	0.195360	0.000000	50.00
51.00	05100	RECOVERY ROOM	1,459,816	4,065,609	5,525,425	0.146044	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	999,023	2,697,528	3,696,551	0.039172	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,888,267	28,620,719	32,508,986	0.187463	0.000000	54.00
57.00	05700	CT SCAN	9,374,355	31,277,318	40,651,673	0.020629	0.000000	57.00
58.00	05800	MRI	1,106,101	4,116,600	5,222,701	0.055203	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,428,836	4,033,423	7,462,259	0.135282	0.000000	59.00
60.00	06000	LABORATORY	13,457,119	28,435,486	41,892,605	0.156505	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	746,088	553,041	1,299,129	0.238721	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY	18,670	4,304,642	4,323,312	0.332918	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	3,914,666	2,078,114	5,992,780	0.266525	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	903,601	5,505,334	6,408,935	0.290697	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	948,316	1,113,145	2,061,461	0.416411	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	233,561	444,464	678,025	0.675745	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	4,476,968	8,364,579	12,841,547	0.048468	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	133,257	4,135,733	4,268,990	0.147641	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,980,066	6,494,683	10,474,749	0.264627	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,310,527	5,922,081	10,232,608	0.227377	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,564,452	65,751,171	78,315,623	0.190068	0.000000	73.00
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0	0.000000	0.000000	76.00
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	887,373	887,373	1.176494	0.000000	76.03
76.04	03952	PAIN CLINIC	18,730	1,174,005	1,192,735	0.188826	0.000000	76.04
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC (RHC)	0	1,176,967	1,176,967	1.029744	0.000000	88.00
91.00	09100	EMERGENCY	5,807,746	28,898,751	34,706,497	0.169804	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	630,212	1,189,538	1,819,750	0.834943	0.000000	92.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	92,022,685	270,807,846	362,830,531			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	92,022,685	270,807,846	362,830,531			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0052

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
4/29/2021 12:47 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000			62.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
76.00	03950	THERAPEUTIC ACTIVITIES	0.000000			76.00
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000			76.03
76.04	03952	PAIN CLINIC	0.000000			76.04
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC (RHC)	0.000000			88.00
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0052

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part I
Date/Time Prepared:
4/29/2021 12:47 pm

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	645,579	0	645,579	8,325	77.55	30.00
31.00	INTENSIVE CARE UNIT	337,862		337,862	1,458	231.73	31.00
43.00	NURSERY	0		0	0	0.00	43.00
200.00	Total (lines 30 through 199)	983,441		983,441	9,783		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	3,331	258,319				30.00
31.00	INTENSIVE CARE UNIT	671	155,491				31.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	4,002	413,810				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0052

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part II
Date/Time Prepared:
4/29/2021 12:47 pm

Cost Center Description		Title XVIII		Hospital		PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	872,812	37,760,581	0.023114	3,493,316	80,745 50.00
51.00	05100	RECOVERY ROOM	41,834	5,525,425	0.007571	599,759	4,541 51.00
53.00	05300	ANESTHESIOLOGY	31,027	3,696,551	0.008393	473,461	3,974 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	570,888	32,508,986	0.017561	2,078,681	36,504 54.00
57.00	05700	CT SCAN	32,091	40,651,673	0.000789	4,042,743	3,190 57.00
58.00	05800	MRI	11,408	5,222,701	0.002184	444,090	970 58.00
59.00	05900	CARDIAC CATHETERIZATION	49,901	7,462,259	0.006687	1,335,151	8,928 59.00
60.00	06000	LABORATORY	329,449	41,892,605	0.007864	6,307,455	49,602 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	12,043	1,299,129	0.009270	368,716	3,418 62.00
64.00	06400	INTRAVENOUS THERAPY	76,004	4,323,312	0.017580	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	68,717	5,992,780	0.011467	1,671,974	19,173 65.00
66.00	06600	PHYSICAL THERAPY	101,494	6,408,935	0.015836	444,808	7,044 66.00
67.00	06700	OCCUPATIONAL THERAPY	79,006	2,061,461	0.038325	483,947	18,547 67.00
68.00	06800	SPEECH PATHOLOGY	43,383	678,025	0.063984	121,181	7,754 68.00
69.00	06900	ELECTROCARDIOLOGY	78,576	12,841,547	0.006119	2,264,695	13,858 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	38,214	4,268,990	0.008952	34,601	310 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	76,771	10,474,749	0.007329	1,752,778	12,846 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	63,362	10,232,608	0.006192	2,059,749	12,754 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	378,504	78,315,623	0.004833	5,308,916	25,658 73.00
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0.000000	0	0 76.00
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	57,448	887,373	0.064739	0	0 76.03
76.04	03952	PAIN CLINIC	8,113	1,192,735	0.006802	3,826	26 76.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC (RHC)	226,409	1,176,967	0.192366	0	0 88.00
91.00	09100	EMERGENCY	257,672	34,706,497	0.007424	2,858,104	21,219 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	90,498	1,819,750	0.049731	318,942	15,861 92.00
200.00		Total (lines 50 through 199)	3,595,624	351,401,262		36,466,893	346,922 200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0052		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part III Date/Time Prepared: 4/29/2021 12:47 pm		
					Title XVIII		Hospital		PPS		
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
					1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS		0	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	0	0	0	0	0	31.00	
43.00	04300	NURSERY		0	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)		0	0	0	0	0	0	200.00	
Cost Center Description					Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
					4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS		0	0	8,325	0.00	3,331		30.00	
31.00	03100	INTENSIVE CARE UNIT			0	1,458	0.00	671		31.00	
43.00	04300	NURSERY			0	0	0.00	0		43.00	
200.00		Total (lines 30 through 199)			0	9,783		4,002		200.00	
Cost Center Description					Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
					9.00						
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS		0						30.00	
31.00	03100	INTENSIVE CARE UNIT		0						31.00	
43.00	04300	NURSERY		0						43.00	
200.00		Total (lines 30 through 199)		0						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0052		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part IV Date/Time Prepared: 4/29/2021 12:47 pm	
			Title XVIII		Hospital		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0	0	0	76.00
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC (RHC)	0	0	0	0	0	88.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0052

Period:
From 10/01/2019
To 09/30/2020

Worksheet D
Part IV
Date/Time Prepared:
4/29/2021 12:47 pm

			Title XVIII		Hospital	PPS		
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	37,760,581	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	5,525,425	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	3,696,551	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	32,508,986	0.000000	54.00
57.00	05700	CT SCAN	0	0	0	40,651,673	0.000000	57.00
58.00	05800	MRI	0	0	0	5,222,701	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	7,462,259	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	41,892,605	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	1,299,129	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	4,323,312	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	5,992,780	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	6,408,935	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,061,461	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	678,025	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	12,841,547	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	4,268,990	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	10,474,749	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	10,232,608	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	78,315,623	0.000000	73.00
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0	0	0.000000	76.00
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	887,373	0.000000	76.03
76.04	03952	PAIN CLINIC	0	0	0	1,192,735	0.000000	76.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC (RHC)	0	0	0	1,176,967	0.000000	88.00
91.00	09100	EMERGENCY	0	0	0	34,706,497	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	1,819,750	0.000000	92.00
200.00	Total (lines 50 through 199)		0	0	0	351,401,262		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0052

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part IV
Date/Time Prepared:
4/29/2021 12:47 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	0.000000	3,493,316	0	7,163,053	0	50.00	
51.00	05100 RECOVERY ROOM	0.000000	599,759	0	1,014,722	0	51.00	
53.00	05300 ANESTHESIOLOGY	0.000000	473,461	0	716,577	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	2,078,681	0	9,047,884	0	54.00	
57.00	05700 CT SCAN	0.000000	4,042,743	0	7,414,199	0	57.00	
58.00	05800 MRI	0.000000	444,090	0	1,040,259	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.000000	1,335,151	0	1,253,697	0	59.00	
60.00	06000 LABORATORY	0.000000	6,307,455	0	3,997,900	0	60.00	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	368,716	0	153,681	0	62.00	
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	594,793	0	64.00	
65.00	06500 RESPIRATORY THERAPY	0.000000	1,671,974	0	619,439	0	65.00	
66.00	06600 PHYSICAL THERAPY	0.000000	444,808	0	10,434	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.000000	483,947	0	5,333	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.000000	121,181	0	1,555	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.000000	2,264,695	0	2,408,959	0	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	34,601	0	557,685	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	1,752,778	0	1,655,419	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	2,059,749	0	1,783,055	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	5,308,916	0	30,891,170	0	73.00	
76.00	03950 THERAPEUTIC ACTIVITIES	0.000000	0	0	0	0	76.00	
76.03	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	161,261	0	76.03	
76.04	03952 PAIN CLINIC	0.000000	3,826	0	309,855	0	76.04	
OUTPATIENT SERVICE COST CENTERS								
88.00	08800 RURAL HEALTH CLINIC (RHC)	0.000000	0	0	0	0	88.00	
91.00	09100 EMERGENCY	0.000000	2,858,104	0	5,719,324	0	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	318,942	0	229,485	0	92.00	
200.00	Total (lines 50 through 199)		36,466,893	0	76,749,739	0	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0052

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part V
Date/Time Prepared:
4/29/2021 12:47 pm

			Title XVIII		Hospital		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.195360	7,163,053	0	0	1,399,374	50.00
51.00	05100	RECOVERY ROOM	0.146044	1,014,722	0	0	148,194	51.00
53.00	05300	ANESTHESIOLOGY	0.039172	716,577	0	0	28,070	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.187463	9,047,884	0	0	1,696,143	54.00
57.00	05700	CT SCAN	0.020629	7,414,199	0	0	152,948	57.00
58.00	05800	MRI	0.055203	1,040,259	0	0	57,425	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.135282	1,253,697	0	0	169,603	59.00
60.00	06000	LABORATORY	0.156505	3,997,900	1,500	0	625,691	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.238721	153,681	0	0	36,687	62.00
64.00	06400	INTRAVENOUS THERAPY	0.332918	594,793	0	0	198,017	64.00
65.00	06500	RESPIRATORY THERAPY	0.266525	619,439	0	0	165,096	65.00
66.00	06600	PHYSICAL THERAPY	0.290697	10,434	0	0	3,033	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.416411	5,333	0	0	2,221	67.00
68.00	06800	SPEECH PATHOLOGY	0.675745	1,555	0	0	1,051	68.00
69.00	06900	ELECTROCARDIOLOGY	0.048468	2,408,959	0	0	116,757	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.147641	557,685	0	0	82,337	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.264627	1,655,419	0	0	438,069	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.227377	1,783,055	0	0	405,426	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.190068	30,891,170	0	54,500	5,871,423	73.00
76.00	03950	THERAPEUTIC ACTIVITIES	0.000000	0	0	0	0	76.00
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.176494	161,261	0	0	189,723	76.03
76.04	03952	PAIN CLINIC	0.188826	309,855	0	0	58,509	76.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC (RHC)						88.00
91.00	09100	EMERGENCY	0.169804	5,719,324	0	0	971,164	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.834943	229,485	0	0	191,607	92.00
200.00		Subtotal (see instructions)		76,749,739	1,500	54,500	13,008,568	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		76,749,739	1,500	54,500	13,008,568	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0052

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part V
Date/Time Prepared:
4/29/2021 12:47 pm

			Title XVIII		Hospital	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	235	0		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	10,359		73.00
76.00	03950	THERAPEUTIC ACTIVITIES	0	0		76.00
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.03
76.04	03952	PAIN CLINIC	0	0		76.04
	OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC (RHC)				88.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	235	10,359		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	235	10,359		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0052	Period: From 10/01/2019 To 09/30/2020	Worksheet D-1 Date/Time Prepared: 4/29/2021 12:47 pm
		Title XVIII	Hospital	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		8,325	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		8,325	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		7,158	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		3,331	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		10,838,827	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		10,838,827	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		10,838,827	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,301.96	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,336,829	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		4,336,829	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0052

Period:
From 10/01/2019
To 09/30/2020

Worksheet D-1

Date/Time Prepared:
4/29/2021 12:47 pm

Cost Center Description		Title XVIII		Hospital		PPS
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	4,958,073	1,458	3,400.60	671	2,281,803
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description						
						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					6,208,743
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					12,827,375
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					413,810
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					346,922
52.00	Total Program excludable cost (sum of lines 50 and 51)					760,732
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					12,066,643
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					1,167
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,301.96
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,519,387

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0052

Period:
From 10/01/2019
To 09/30/2020

Worksheet D-1

Date/Time Prepared:
4/29/2021 12:47 pm

		Title XVIII		Hospital	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	645,579	10,838,827	0.059562	1,519,387	90,498	90.00
91.00 Nursing School cost	0	10,838,827	0.000000	1,519,387	0	91.00
92.00 Allied health cost	0	10,838,827	0.000000	1,519,387	0	92.00
93.00 All other Medical Education	0	10,838,827	0.000000	1,519,387	0	93.00

Health Financial Systems		OSF SAINT ANTHONY'S HEALTH CENTER		In Lieu of Form CMS-2552-10	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0052	Period: From 10/01/2019 To 09/30/2020	Worksheet D-3 Date/Time Prepared: 4/29/2021 12:47 pm
			Title XVIII	Hospital	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		3,293,119	30.00
31.00	03100	INTENSIVE CARE UNIT		1,799,936	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.195360	3,493,316	50.00
51.00	05100	RECOVERY ROOM	0.146044	599,759	51.00
53.00	05300	ANESTHESIOLOGY	0.039172	473,461	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.187463	2,078,681	54.00
57.00	05700	CT SCAN	0.020629	4,042,743	57.00
58.00	05800	MRI	0.055203	444,090	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.135282	1,335,151	59.00
60.00	06000	LABORATORY	0.156505	6,307,455	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.238721	368,716	62.00
64.00	06400	INTRAVENOUS THERAPY	0.332918	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.266525	1,671,974	65.00
66.00	06600	PHYSICAL THERAPY	0.290697	444,808	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.416411	483,947	67.00
68.00	06800	SPEECH PATHOLOGY	0.675745	121,181	68.00
69.00	06900	ELECTROCARDIOLOGY	0.048468	2,264,695	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.147641	34,601	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.264627	1,752,778	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.227377	2,059,749	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.190068	5,308,916	73.00
76.00	03950	THERAPEUTIC ACTIVITIES	0.000000	0	76.00
76.03	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.176494	0	76.03
76.04	03952	PAIN CLINIC	0.188826	3,826	76.04
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC (RHC)	0.000000	0	88.00
91.00	09100	EMERGENCY	0.169804	2,858,104	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.834943	318,942	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		36,466,893	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		36,466,893	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0052	Period: From 10/01/2019 To 09/30/2020	Worksheet E Part A Date/Time Prepared: 4/29/2021 12:47 pm
		Title XVIII	Hospital	PPS
				1.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		8,676,016	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)			2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)		0	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		11,408	2.04
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		45.81	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.16	30.00
31.00	Percentage of Medicaid patient days (see instructions)		17.92	31.00
32.00	Sum of lines 30 and 31		23.08	32.00
33.00	Allowable disproportionate share percentage (see instructions)		9.49	33.00
34.00	Disproportionate share adjustment (see instructions)		205,839	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0052	Period: From 10/01/2019 To 09/30/2020	Worksheet E Part A Date/Time Prepared: 4/29/2021 12:47 pm	
Title XVIII			Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0	8,350,599,096	35.00
35.01	Factor 3 (see instructions)	0.000000000	0	0.000148171	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	1,237,316	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	1,237,316	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,237,316		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges, excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00			42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000			44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)	10,130,579			47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			10,130,579	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			686,310	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).			0	52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00	Special add-on payments for new technologies			0	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			0	58.00
59.00	Total (sum of amounts on lines 49 through 58)			10,816,889	59.00
60.00	Primary payer payments			0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			10,816,889	61.00
62.00	Deductibles billed to program beneficiaries			1,025,244	62.00
63.00	Coinsurance billed to program beneficiaries			9,702	63.00
64.00	Allowable bad debts (see instructions)			319,237	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			207,504	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			290,923	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			9,989,447	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)			0	70.50
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)				70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			51,265	70.93
70.94	HRR adjustment amount (see instructions)			-80,686	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0052	Period: From 10/01/2019 To 09/30/2020	Worksheet E Part A Date/Time Prepared: 4/29/2021 12:47 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		9,960,026	71.00
71.01	Sequestration adjustment (see instructions)		115,536	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs		0	71.03
72.00	Interim payments		9,702,502	72.00
72.01	Interim payments-PARHM		0	72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)		0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		141,988	74.00
74.01	Balance due provider/program-PARHM (see instructions)		0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		297,158	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

Health Financial Systems		OSF SAINT ANTHONY'S HEALTH CENTER		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0052	Period: From 10/01/2019 To 09/30/2020	Worksheet E Part B Date/Time Prepared: 4/29/2021 12:47 pm	
		Title XVIII	Hospital	PPS	
				1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES					
1.00	Medical and other services (see instructions)		10,594	1.00	
2.00	Medical and other services reimbursed under OPPS (see instructions)		13,008,568	2.00	
3.00	OPPS payments		9,641,563	3.00	
4.00	Outlier payment (see instructions)		6,660	4.00	
4.01	Outlier reconciliation amount (see instructions)		0	4.01	
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00	
6.00	Line 2 times line 5		0	6.00	
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00	
8.00	Transitional corridor payment (see instructions)		0	8.00	
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00	
10.00	Organ acquisitions		0	10.00	
11.00	Total cost (sum of lines 1 and 10) (see instructions)		10,594	11.00	
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable charges					
12.00	Ancillary service charges		56,000	12.00	
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00	
14.00	Total reasonable charges (sum of lines 12 and 13)		56,000	14.00	
Customary charges					
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00	
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00	
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00	
18.00	Total customary charges (see instructions)		56,000	18.00	
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		45,406	19.00	
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00	
21.00	Lesser of cost or charges (see instructions)		10,594	21.00	
22.00	Interns and residents (see instructions)		0	22.00	
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00	
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		9,648,223	24.00	
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00	
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		1,795,245	26.00	
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		7,863,572	27.00	
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00	
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00	
30.00	Subtotal (sum of lines 27 through 29)		7,863,572	30.00	
31.00	Primary payer payments		838	31.00	
32.00	Subtotal (line 30 minus line 31)		7,862,734	32.00	
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)					
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00	
34.00	Allowable bad debts (see instructions)		357,069	34.00	
35.00	Adjusted reimbursable bad debts (see instructions)		232,095	35.00	
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		314,071	36.00	
37.00	Subtotal (see instructions)		8,094,829	37.00	
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00	
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00	
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50	
39.97	Demonstration payment adjustment amount before sequestration		0	39.97	
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98	
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99	
40.00	Subtotal (see instructions)		8,094,829	40.00	
40.01	Sequestration adjustment (see instructions)		93,900	40.01	
40.02	Demonstration payment adjustment amount after sequestration		0	40.02	
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03	
41.00	Interim payments		8,050,597	41.00	
41.01	Interim payments-PARHM		0	41.01	
42.00	Tentative settlement (for contractors use only)		0	42.00	
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01	
43.00	Balance due provider/program (see instructions)		-49,668	43.00	
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01	
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00	
TO BE COMPLETED BY CONTRACTOR					
90.00	Original outlier amount (see instructions)		0	90.00	
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00	
92.00	The rate used to calculate the Time Value of Money		0.00	92.00	
93.00	Time Value of Money (see instructions)		0	93.00	
94.00	Total (sum of lines 91 and 93)		0	94.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0052

Period:
From 10/01/2019
To 09/30/2020Worksheet E-1
Part I
Date/Time Prepared:
4/29/2021 12:47 pm

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		9,702,502		8,050,597	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		9,702,502		8,050,597	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		141,988		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		49,668	6.02
7.00	Total Medicare program liability (see instructions)		9,844,490		8,000,929	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0052

Period:
From 10/01/2019
To 09/30/2020Worksheet E-1
Part II
Date/Time Prepared:
4/29/2021 12:47 pm

		Title XVIII	Hospital	PPS
			1.00	
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)

Provider CCN: 14-0052

Period:
From 10/01/2019
To 09/30/2020

Worksheet G

Date/Time Prepared:
4/29/2021 12:47 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	1,699,621	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	44,287,571	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-34,792,871	0	0	0	6.00
7.00	Inventory	2,856,463	0	0	0	7.00
8.00	Prepaid expenses	101,099	0	0	0	8.00
9.00	Other current assets	1,381,118	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	15,533,001	0	0	0	11.00
FIXED ASSETS						
12.00	Land	1,080,000	0	0	0	12.00
13.00	Land improvements	7,015,927	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	64,163,398	0	0	0	15.00
16.00	Accumulated depreciation	-44,767,744	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	-6,395,702	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	34,248,130	0	0	0	23.00
24.00	Accumulated depreciation	-23,348,313	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	2,504,185	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	34,499,881	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	184,588	2,660,815	31,050	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	5,578,490	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	5,763,078	2,660,815	31,050	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	55,795,960	2,660,815	31,050	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	2,305,480	0	0	0	37.00
38.00	Salaries, wages, and fees payable	265,279	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	86,773,988	0	0	0	40.00
41.00	Deferred income	87,785	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	210,911	0	0	0	43.00
44.00	Other current liabilities	11,811,128	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	101,454,571	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	47,456,394	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	47,456,394	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	148,910,965	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	-93,115,005				52.00
53.00	Specific purpose fund		2,660,815			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			31,050		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	-93,115,005	2,660,815	31,050	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	55,795,960	2,660,815	31,050	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0052

Period:
From 10/01/2019
To 09/30/2020

Worksheet G-1

Date/Time Prepared:
4/29/2021 12:47 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		-72,658,666		3,284,190		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-17,136,952				2.00
3.00	Total (sum of line 1 and line 2)		-89,795,618		3,284,190		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		-89,795,618		3,284,190		11.00
12.00	DECREASE IN TEMP RESTRICTED ASSETS	0		623,375		0	12.00
13.00	231095 (THIS IS EQUITY TRANSFER)	323,894		0		0	13.00
14.00	OTHER CHANGES	2,995,493		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		3,319,387		623,375		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		-93,115,005		2,660,815		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	31,050		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	31,050		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	31,050		0			11.00
12.00	DECREASE IN TEMP RESTRICTED ASSETS		0				12.00
13.00	231095 (THIS IS EQUITY TRANSFER)		0				13.00
14.00	OTHER CHANGES		0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	31,050		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0052

Period:
From 10/01/2019
To 09/30/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
4/29/2021 12:47 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	7,013,775		7,013,775	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	7,013,775		7,013,775	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	4,415,494		4,415,494	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	4,415,494		4,415,494	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	11,429,269		11,429,269	17.00
18.00	Ancillary services	80,574,685	267,569,500	348,144,185	18.00
19.00	Outpatient services	18,730	2,061,378	2,080,108	19.00
20.00	RURAL HEALTH CLINIC (RHC)	0	1,176,967	1,176,967	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROFESSIONAL FEES	11,180	781,156	792,336	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	92,033,864	271,589,001	363,622,865	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		86,550,283		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		86,550,283		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0052

Period:
From 10/01/2019
To 09/30/2020

Worksheet G-3

Date/Time Prepared:
4/29/2021 12:47 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	363,622,865	1.00
2.00	Less contractual allowances and discounts on patients' accounts	292,924,818	2.00
3.00	Net patient revenues (line 1 minus line 2)	70,698,047	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	86,550,283	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-15,852,236	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	1,308,476	6.00
7.00	Income from investments	23,810	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	329,548	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	208,550	17.00
18.00	Revenue from sale of medical records and abstracts	399	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	67,192	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER INCOME	82,255	24.00
24.01	BLUE CROSS QUALITY / RISK RESERVES	386,809	24.01
24.02	FINANCE CHARGES	56,035	24.02
24.50	COVID-19 PHE Funding	5,000,000	24.50
25.00	Total other income (sum of lines 6-24)	7,463,074	25.00
26.00	Total (line 5 plus line 25)	-8,389,162	26.00
27.00	PENSION COST	709,330	27.00
27.01	EQUITY TRANSFER	8,038,484	27.01
27.02	STATE AND FEDERAL	-24	27.02
28.00	Total other expenses (sum of line 27 and subscripts)	8,747,790	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-17,136,952	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0052	Period: From 10/01/2019 To 09/30/2020	Worksheet L Parts I-III Date/Time Prepared: 4/29/2021 12:47 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		684,288	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		2,022	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		23.54	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		686,310	12.00
		1.00		
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
		1.00		
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-0052

Period:

Worksheet M-1

Component CCN: 14-8612

From 10/01/2019
To 09/30/2020Date/Time Prepared:
4/29/2021 12:47 pm

				RHC I		Cost	
		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassificati ons	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	FACILITY HEALTH CARE STAFF COSTS						
1.00	Physician	148,034	16,563	164,597	-47,728	116,869	1.00
2.00	Physician Assistant	30,494	5,345	35,839	-11,593	24,246	2.00
3.00	Nurse Practitioner	181,047	45,052	226,099	-83,339	142,760	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	4,293	990	5,283	-1,894	3,389	5.00
6.00	Clinical Psychologist	0	0	0	0	0	6.00
7.00	Clinical Social Worker	0	0	0	0	0	7.00
8.00	Laboratory Technician	0	0	0	0	0	8.00
9.00	Other Facility Health Care Staff Costs	101,868	36,606	138,474	-58,052	80,422	9.00
10.00	Subtotal (sum of lines 1 through 9)	465,736	104,556	570,292	-202,606	367,686	10.00
11.00	Physician Services Under Agreement	0	0	0	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	0	0	0	12.00
13.00	Other Costs Under Agreement	0	0	0	0	0	13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0	0	0	0	14.00
15.00	Medical Supplies	0	7,696	7,696	-1,353	6,343	15.00
16.00	Transportation (Health Care Staff)	0	149	149	0	149	16.00
17.00	Depreciation-Medical Equipment	0	1,196	1,196	-211	985	17.00
18.00	Professional Liability Insurance	0	1,560	1,560	-274	1,286	18.00
19.00	Other Health Care Costs	0	1,633	1,633	-287	1,346	19.00
20.00	Allowable GME Costs	0	0	0	0	0	20.00
21.00	Subtotal (sum of lines 15 through 20)	0	12,234	12,234	-2,125	10,109	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	465,736	116,790	582,526	-204,731	377,795	22.00
	COSTS OTHER THAN RHC/FQHC SERVICES						
23.00	Pharmacy	0	19,738	19,738	-3,470	16,268	23.00
24.00	Dental	0	0	0	0	0	24.00
25.00	Optometry	0	0	0	0	0	25.00
25.01	Telehealth	0	0	0	0	0	25.01
25.02	Chronic Care Management	0	0	0	0	0	25.02
26.00	All other nonreimbursable costs	0	0	0	0	0	26.00
27.00	Nonallowable GME costs	0	0	0	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	19,738	19,738	-3,470	16,268	28.00
	FACILITY OVERHEAD						
29.00	Facility Costs	0	205,557	205,557	-85,203	120,354	29.00
30.00	Administrative Costs	89,321	114,338	203,659	-54,114	149,545	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	89,321	319,895	409,216	-139,317	269,899	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	555,057	456,423	1,011,480	-347,518	663,962	32.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN: 14-0052

Period:

Worksheet M-1

Component CCN: 14-8612

From 10/01/2019
To 09/30/2020Date/Time Prepared:
4/29/2021 12:47 pm

		RHC I		Cost
		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	
		6.00	7.00	
FACILITY HEALTH CARE STAFF COSTS				
1.00	Physician	0	116,869	1.00
2.00	Physician Assistant	0	24,246	2.00
3.00	Nurse Practitioner	0	142,760	3.00
4.00	Visiting Nurse	0	0	4.00
5.00	Other Nurse	0	3,389	5.00
6.00	Clinical Psychologist	0	0	6.00
7.00	Clinical Social Worker	0	0	7.00
8.00	Laboratory Technician	0	0	8.00
9.00	Other Facility Health Care Staff Costs	0	80,422	9.00
10.00	Subtotal (sum of lines 1 through 9)	0	367,686	10.00
11.00	Physician Services Under Agreement	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	12.00
13.00	Other Costs Under Agreement	0	0	13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0	14.00
15.00	Medical Supplies	0	6,343	15.00
16.00	Transportation (Health Care Staff)	0	149	16.00
17.00	Depreciation-Medical Equipment	0	985	17.00
18.00	Professional Liability Insurance	0	1,286	18.00
19.00	Other Health Care Costs	0	1,346	19.00
20.00	Allowable GME Costs			20.00
21.00	Subtotal (sum of lines 15 through 20)	0	10,109	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	377,795	22.00
COSTS OTHER THAN RHC/FQHC SERVICES				
23.00	Pharmacy	0	16,268	23.00
24.00	Dental	0	0	24.00
25.00	Optometry	0	0	25.00
25.01	Telehealth	0	0	25.01
25.02	Chronic Care Management	0	0	25.02
26.00	All other nonreimbursable costs	0	0	26.00
27.00	Nonallowable GME costs			27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	16,268	28.00
FACILITY OVERHEAD				
29.00	Facility Costs	0	120,354	29.00
30.00	Administrative Costs	-2,400	147,145	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	-2,400	267,499	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	-2,400	661,562	32.00

ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES

Provider CCN: 14-0052

Period:

Worksheet M-2

Component CCN: 14-8612

From 10/01/2019
To 09/30/2020Date/Time Prepared:
4/29/2021 12:47 pm

				RHC I		Cost	
		Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
		1.00	2.00	3.00	4.00	5.00	
VISITS AND PRODUCTIVITY							
Positions							
1.00	Physician	0.30	1,417	4,200	1,260		1.00
2.00	Physician Assistant	0.19	424	2,100	399		2.00
3.00	Nurse Practitioner	0.73	2,324	2,100	1,533		3.00
4.00	Subtotal (sum of lines 1 through 3)	1.22	4,165		3,192	4,165	4.00
5.00	Visiting Nurse	0.00	0			0	5.00
6.00	Clinical Psychologist	0.00	0			0	6.00
7.00	Clinical Social Worker	0.00	0			0	7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0			0	7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0			0	7.02
8.00	Total FTEs and Visits (sum of lines 4 through 7)	1.22	4,165			4,165	8.00
9.00	Physician Services Under Agreements		0			0	9.00
							1.00
DETERMINATION OF ALLOWABLE COST APPLICABLE TO HOSPITAL-BASED RHC/FQHC SERVICES							
10.00	Total costs of health care services (from Wkst. M-1, col. 7, line 22)					377,795	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)					16,268	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)					394,063	12.00
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)					0.958717	13.00
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet. M-1, col. 7, line 31)					267,499	14.00
15.00	Parent provider overhead allocated to facility (see instructions)					550,413	15.00
16.00	Total overhead (sum of lines 14 and 15)					817,912	16.00
17.00	Allowable GME overhead (see instructions)					0	17.00
18.00	Enter the amount from line 16					817,912	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)					784,146	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)					1,161,941	20.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN: 14-0052 Component CCN: 14-8612	Period: From 10/01/2019 To 09/30/2020	Worksheet M-3 Date/Time Prepared: 4/29/2021 12:47 pm		
		Title XVIII	RHC I	Cost		
				1.00		
DETERMINATION OF RATE FOR HOSPITAL-BASED RHC/FQHC SERVICES						
1.00	Total Allowable Cost of hospital-based RHC/FQHC Services (from Wkst. M-2, line 20)			1,161,941	1.00	
2.00	Cost of vaccines and their administration (from Wkst. M-4, line 15)			132,063	2.00	
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)			1,029,878	3.00	
4.00	Total Visits (from Wkst. M-2, column 5, line 8)			4,165	4.00	
5.00	Physicians visits under agreement (from Wkst. M-2, column 5, line 9)			0	5.00	
6.00	Total adjusted visits (line 4 plus line 5)			4,165	6.00	
7.00	Adjusted cost per visit (line 3 divided by line 6)			247.27	7.00	
			Calculation of Limit (1)			
			Prior to Jan. 1 (Rate Period 1)	On or After Jan. 1 (Rate Period 2)		
			1.00	2.00		
8.00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, \$20.6 or your contractor)			84.70	86.31	8.00
9.00	Rate for Program covered visits (see instructions)			247.27	247.27	9.00
CALCULATION OF SETTLEMENT						
10.00	Program covered visits excluding mental health services (from contractor records)			0	639	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)			0	158,006	11.00
12.00	Program covered visits for mental health services (from contractor records)			0	0	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)			0	0	13.00
14.00	Limit adjustment for mental health services (see instructions)			0	0	14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)					15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *			0	158,006	16.00
16.01	Total program charges (see instructions)(from contractor's records)				139,351	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)				350	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)				397	16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)				121,015	16.04
16.05	Total program cost (see instructions)			0	121,412	16.05
17.00	Primary payer amounts				159	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)				6,340	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)				26,482	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)				121,253	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)				13,724	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)				134,977	22.00
23.00	Allowable bad debts (see instructions)				0	23.00
23.01	Adjusted reimbursable bad debts (see instructions)				0	23.01
24.00	Allowable bad debts for dual eligible beneficiaries (see instructions)				0	24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)				0	25.00
25.50	Pioneer ACO demonstration payment adjustment (see instructions)				0	25.50
25.99	Demonstration payment adjustment amount before sequestration				0	25.99
26.00	Net reimbursable amount (see instructions)				134,977	26.00
26.01	Sequestration adjustment (see instructions)				1,566	26.01
26.02	Demonstration payment adjustment amount after sequestration				0	26.02
27.00	Interim payments				101,403	27.00
28.00	Tentative settlement (for contractor use only)				0	28.00
29.00	Balance due component/program (line 26 minus lines 26.01, 26.02, 27, and 28)				32,008	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, chapter I, §115.2				0	30.00

COMPUTATION OF HOSPITAL-BASED RHC/FQHC PNEUMOCOCCAL AND INFLUENZA VACCINE COST		Provider CCN: 14-0052 Component CCN: 14-8612	Period: From 10/01/2019 To 09/30/2020	Worksheet M-4 Date/Time Prepared: 4/29/2021 12:47 pm	
		Title XVIII	RHC I	Cost	
			Pneumococcal	Influenza	
			1.00	2.00	
1.00	Health care staff cost (from Wkst. M-1, col. 7, line 10)		367,686	367,686	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time		0.008922	0.059061	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)		3,280	21,716	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)		8,918	9,025	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)		12,198	30,741	5.00
6.00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)		377,795	377,795	6.00
7.00	Total overhead (from Wkst. M-2, line 19)		784,146	784,146	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)		0.032287	0.081370	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)		25,318	63,806	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)		37,516	94,547	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)		92	609	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)		407.78	155.25	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries		15	49	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)		6,117	7,607	14.00
15.00	Total cost of pneumococcal and influenza vaccine and its (their) administration (sum of cols. 1 and 2, line 10) (transfer this amount to Wkst. M-3, line 2)			132,063	15.00
16.00	Total Program cost of pneumococcal and influenza vaccine and its (their) administration (sum of cols. 1 and 2, line 14) (transfer this amount to Wkst. M-3, line 21)			13,724	16.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES		Provider CCN: 14-0052 Component CCN: 14-8612	Period: From 10/01/2019 To 09/30/2020	Worksheet M-5 Date/Time Prepared: 4/29/2021 12:47 pm
		RHC I	Cost	
		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to hospital-based RHC/FQHC		101,403	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			3.00
Program to Provider				
3.01			0	3.01
3.02			0	3.02
3.03			0	3.03
3.04			0	3.04
3.05			0	3.05
Provider to Program				
3.50			0	3.50
3.51			0	3.51
3.52			0	3.52
3.53			0	3.53
3.54			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		101,403	4.00
TO BE COMPLETED BY CONTRACTOR				
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			5.00
Program to Provider				
5.01			0	5.01
5.02			0	5.02
5.03			0	5.03
Provider to Program				
5.50			0	5.50
5.51			0	5.51
5.52			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)			6.00
6.01	SETTLEMENT TO PROVIDER		32,008	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		133,411	7.00
		Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00
8.00	Name of Contractor			8.00